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ABSTRACT

The report describes Volunteers for Families (VFF), a 3-year project to develop a statewide (Vermont) network of trained volunteers to advocate for and to provide and coordinate services to, families of school-age learners (ages 3-21) with severe developmental disabilities. A three-phase process for establishing a VFF program is outlined, consisting of (1) identifying families and identifying/recruiting advisory councils, supporting agencies, and volunteers; (2) holding family orientation meetings and screening and training volunteers; and (3) providing technical assistance to and follow-up with volunteers and families. Among family services provided were the following: assistance in implementing home- and community-based individualized education programming (IEP) objectives; social integration activities; activities to develop recreational and leisure skills; and respite care. Project efforts resulted in establishment of VFF programs in eight regions of the state; 76 families and volunteers were matched, and 63% of those matches continued throughout the life of the project. Appendices, which comprise the bulk of the document, include steps in the family referral and volunteer screening processes, a family orientation packet, and the complete texts of volunteer and trainer handbooks, including worksheets and transparencies for nine training sessions. (JW)

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PREPARATION OF TRAINERS OF VOLUNTEER PARENT SERVICE PROVIDERS (INCLUDING PARENTS) FOR VERMONT'S SCHOOL-AGE LEARNERS WITH SEVERE DEVELOPMENTAL DISABILITIES

Final Report

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A B S T R A C T

The purpose of Volunteers For Families (VFF) was to develop a statewide network of trained volunteers to advocate for, coordinate and provide services to the familiesof school-age (3-21 years) learners with severe handicaps. Familyservices included, but were not limited to: a) assisting parents and other family members to implement home and community-based IEP objectives, b) further the social integration of learners with severe handicaps within their local community, c) provide additional opportunities for learners to develop social, recreation and leisure skills, and d) providing meaningful respite services for families and learners.

During the three years of the project, VFF programs were established in eight statewide regions. Seventy-six families and volunteers were matched as a result of project activities. Sixty-three percent of these family/volunteer matches have continued through the end of the project.

INTRODUCTION

Vermont has systematically developed a statewide support system for its special education programs serving learners with severe handicaps. Although it has proven to be effective, this system has not been able to support parents to the same extent that it has supported special educators and related services personnel. The primary reasons for less than satisfactory parental support in the past have been a lack of fiscal and human resources for additional services. With the limited resources available, the state has focused primarily upon establishing and maintaining quality regional special education programs that rely heavily upon parent involvement but provide little in terms of direct parent support services.

Traditionally, the Vermont Department of Mental Health has provided family services for parents of children with severe handicaps. These services include respite care, family counseling, parent training, and consultative and referral services. However, recent surveys indicated that family support services are distributed very unevenly throughout the state. In fact, respite services are not available at all in some parts of the state. Even in those areas where funds are available the actual service provided is often less than adequate. Parents around the state have reported that they don't want "a babysitter who is just there". Many parents have explained that, as it is, their children have little opportunity to interact with members of the community outside of the family. Thus, when the

opportunity arises, they want it to be a meaningful experience for their sons and daughters. They want to know that the persons coming into their homes are genuinely interested in spending some quality time, and ideally, in being friends to their sons and daughters.

PROGRAM GOALS

Volunteers For Families (VFF), was a three-year, federally-funded program designed to address these family concerns and needs. Specifically, the purpose of VFF was to establish a network of committed community members, including other parents, to assist parents and teachers of school-aged learners who have severe handicaps to achieve educational best practices of social integration and age-appropriate, functional activities.

It seems that the greatest barrier to achieving "best practices" is the regional model used in Vermont to provide educational programs to learners with severe handicaps. Learners are transported away from their homes and communities, away from their neighborhoods and non-handicapped peers, and away from their local schools and the administrative structure that supports the local school programs. They are transported to a regional program that has teachers and administrators responsible to another district, to non-handicapped peers who live in different towns and villages, and to a community that has different shops and recreation/leisure programs from the learner's community. With limited transportation resources, limited

responsible staff for home and community-based training and in some cases, limited access to any community (many schools serve several local communities and are located within none), special educators have turned to parents as a resource for implementing best practices.

Parents can, and do, assist their children to learn and practice functional activities in their homes and communities. They are primarily responsible for socially integrating their children into their neighborhoods and communities, and for providing opportunities to practice what is being taught in school. However, parents cannot be expected to be available at all times, and to be able to respond to their children's many physical, educational, emotional, and social needs. Children, including those with severe handicaps, need a variety of people in their lives to fulfill their many needs.

Therefore, the goals to be accomplished by VFF included, but were not limited to assisting families to:

1) teach home and community learning objectives from the IEP

2) further the social integration opportunities for their sons and daughters within their neighborhoods and communities

3) provide additional opportunities for their sons and daughters to experience and practice recreational, leisure, and social skills

This report provides a summary description of the process utilized in establishing and maintaining the Volunteers For Families program throughout the state of Vermont.

PROGRAM PROCESS

The process for establishing Volunteers For Families was carefully outlined before any steps were taken, and was revised as needed throughout the three years of the project. This process has been divided into three phases which can be implemented by parents and community members who have the time, the support of other family members and/or friends, and the inclination and committment to a program such as Volunteers For Families. The process is outlined in the table below (See Table 1).

TABLE 1 - Process

Phase 1

Identify/Recruit Advisory Council Members
Identify/Recruit Supporting Agencies
Identify/Recruit Families
Identify/Recruit Potential Volunteers

Phase 2

Meet With Families
Assess Needs Of Families
Screen Potential Volunteers
Train Volunteers/Trainers
Match Families and Volunteers

Phase 3

Maintain Advisory Council
Follow-Up Contacts to Families and Volunteers
Technical Assistance to Volunteers and Families
Maintenance of Program

PHASE 1

Identify/Recruit Advisory Council

Advisory Councils were recruited through various methods of advertisement and were made up of parents of children who have severe handicaps, representatives from groups or agencies who work with or for people with developmental disabilities, volunteers, and project staff, when applicable. The critical function of each council was to take responsibility for helping to recruit volunteers and for reviewing all recruitment and training materials and procedures. They also evaluated program quality, along with family and volunteer needs. Their most important function, however, was to help maintain the Volunteers For Families program over time.

Identify/Recruit Suppporting Agencies

Supporting groups and agencies were contacted primarily for the purpose of facilitating interagency cooperation. Often families who have a family member who has a severe handicap have contact with a number of agencies and organizations which provide different services. Therefore, the supporting agencies served as an excellent resource for families by sharing their knowledge of other agencies, the services they provide, and procedures for accessing appropriate services. Supporting agencies or groups also had contact with potential volunteers whom they could refer to one another, depending on the volunteers' areas of interest and expertise.

Identify Families

Families were informed of the availability of the VFF program through a variety of methods including newspaper articles, radio and television public service announcements, newsletters, bulletins, posters, and through word-of-mouth. In addition, letters and brochures describing VFF were sent to parents through the schools, which proved to be a very effective way of encouraging family involvement in the program. (See Appendix A - Family Referral Process)

Identify/Recruit Volunteers

A variety of methods were utilized to recruit potential volunteers. These included personal contacts, local newspapers, radio and television public service announcements, church bulletins and newsletters, supporting agency newsletters and bulletins, State Department newsletters, posters, and presentations to church groups and service organizations.

PHASE 2

Family Orientation Meeting

Individual meetings were held between parents and project staff during which the goals of the program, and the recruitment, screening, and matching process were reviewed and discussed. In addition, if parents decided they would like to have a volunteer for their child they outlined their own needs and those of their son or daughter in terms of the

type of volunteer they desired, as well as other specific requests they had, and information they wished to share. (See Appendix B - Family Orientation Packet)

Screen Potential Volunteers

As a result of parents' expressed desire to have their child spend time with a volunteer who was caring and interested in sharing meaninful esperiences, all potential volunteers were thoroughly screened before being accepted as a VFF volunteer. The process followed was similar to the process required in applying for a job. Therefore, those who were not totally committed frequently "weeded" themselves out by not completing the entire process.
(See Appendix A - Volunteer Screening Process)

Train Volunteers/Trainers

Training sessions included lecture, discussion, films, and demonstration by project staff and family members. Training sessions were held at local schools, supporting agency offices, church halls, family homes, or at other selected places which were convenient for volunteers and trainers. (See Appendix C - Volunteer Handbook)

A trainer was defined as anyone who had the knowledge and expertise in a particular area(s) of the training program and who was willing to volunteer a few hours of their time every two or three months. Project staff took primary responsibility for providing training to volunteers, as the program was becoming established in each area.

Volunteer Trainers then became more involved. (See Apendix D - *Trainer Handbook*)

Volunteer and trainer training sessions are described in detail below.

SESSION 1 - THE ROLE OF THE VOLUNTEER

This session was an introduction to the Volunteers For Families program. Emphasis was placed on the purpose, goals and objectives of the program, as well as the volunteers' role as an advocate for the family and child with severe handicaps with whom they were matched.

SESSION 2 - THE HISTORY OF ATTITUDES TOWARD PERSONS WITH DEVELOPMENTAL DISABILITIES UP TO THE PRESENT

The purpose of this session was to encourage volunteer awareness of the circumstances that persons with severe handicaps have had to live with in the past and the tremendous gains that have been made in the last 10 to 20 years through the efforts of parents and professionals. Information was provided on the concept of **normalization**, and the effect it has had on deinstitutionalization and community-based services. Emphasis was placed on how volunteers could contribute to already existing community integration efforts.

SESSION 3 - OVERVIEW OF INDIVIDUAL EDUCATION PLANS/INDIVIDUAL PROGRAM PLANS

This session provided very general information on the rights of people with handicaps, the purpose and content of IEPs and IPPs, and how the volunteer might assist families to carry out some of the goals and objectives outlined in their child's IEPs/IPPs.

SESSION 4 - INTEGRATED RECREATION

This session provided volunteers with strategies for identifying and accessing recreation and leisure activities which are appropriate for the individuals with whom they are matched. Information was also provided on how to adapt activities, materials, rules, etc., to meet the needs of the individual who has a developmental disability, while encouraging him/her to participate as fully and independently as possible.

SESSION 5 - COMMUNICATION

The importance of open communication and the various techniques to facilitate effective communication were emphasized during this session. The technique of active listening, the process of problem-solving, and the art of giving and accepting positive and negative feedback were presented as steps to take toward effective communication.

SESSION 6 - PROGRAM AND EMERGENCY PROCEDURES

The purpose of this session was to review program procedures that related to volunteer involvement. Basic first aid procedures for dealing effectively with choking, seizures, head injuries, and other emergency situations were also reviewed. Volunteers were required to demonstrate effective procedures to use in selected emergency situations.

Three additional training sessions were offered to volunteer trainers. These focused on training procedures, recruitment, screening, matching and evaluating volunteers, and on the trainer's role in coordinating and maintaining volunteer involvement and commitment. The three sessions are described below:

SESSION 7 - RECRUITING AND SCREENING POTENTIAL VOLUNTEERS

This session was designed to teach the trainers how to recruit and screen potential volunteers. Emphasis was placed on using a variety of tactics to recruit volunteers and a systematic process for screening including the application form, at least one formal interview, and three reference checks. (See Appendix E - Volunteer Application, Interview Guide, Reference Check Form)

SESSION 8 - IDENTIFYING AND MEETING WITH FAMILIES

The purpose of this session was to inform trainers of effective methods used to identify families who wished to have a volunteer for their son or daughter, through contacts with local school districts and other organizations. The session also addressed the procedure for interviewing families and completing a needs assessment.

SESSION 9 - TRAINING AND MATCHING VOLUNTEERS WITH FAMILIES

This session outlined strategies to use in conducting effective training sessions. Included were scripts to follow, handouts to be distributed, and instruction in the proper use of audio-visual equipment. Attention was given to the process used in matching volunteers with families.

FAMILY-VOLUNTEER MATCH

Families and volunteers were matched according to the interests of the individual with severe handicaps and those of the volunteer, their towns of residence, transportation available, and the time commitment desired by both parties. Project staff attended the initial meetings between the families and the volunteers in order to facilitate communication about their respective expectations of the relationship. At times it was advantageous to arrange for the volunteer and parent to talk alone during the first hour to eliminate the circumstances of talking about their child in his/her presence. During this initial meeting the family and volunteer discussed important information that the parents felt the volunteer should know about their child. During the latter part of the meeting, the volunteers were encouraged to spend some time alone with their new "friends" to get to know them. Finally, the families and the volunteers targeted potential activities, as well as the day and time of the next get-together. (See Appendix F - Vignettes of Exemplary Relationships)

PHASE 3

Follow-Up Contacts to Families and Volunteers

As was mentioned before, follow-up consisted of monthly or bi-monthly phone calls to the volunteers and the families to find out how the relationships were developing. Three years of experience has demonstrated that regular follow-up

(especially in the early stages of the relationship) was one of the key components to successful, long-term relationships between the families, their children and the volunteers. Other activities such as pot lucks, picnics, parties, and in-service training sessions were used to provide follow-up and support to relationships.

Technical Assistance to Volunteers and Families

Project staff and/or trainers and occasionally, advisory council members, were available to provide additional training, suggestions for appropriate activities, and any other assistance that volunteers or families needed.

Maintenance of the Program

Volunteers For Families looks a little different in each area of the state depending on the existing resources available. For example, in a number of counties, project staff worked closely with the local citizen advocacy programs in establishing the program. In other areas the local Big Brother/Big Sister-type programs offered support in recruiting volunteers for children and youth with severe handicaps and in providing follow-up and support to the relationships on a long-term basis as part of their program duties. In still other areas, parents and school personnel took responsibility for the maintenance of Volunteers For Families in their communities.

R E S U L T S

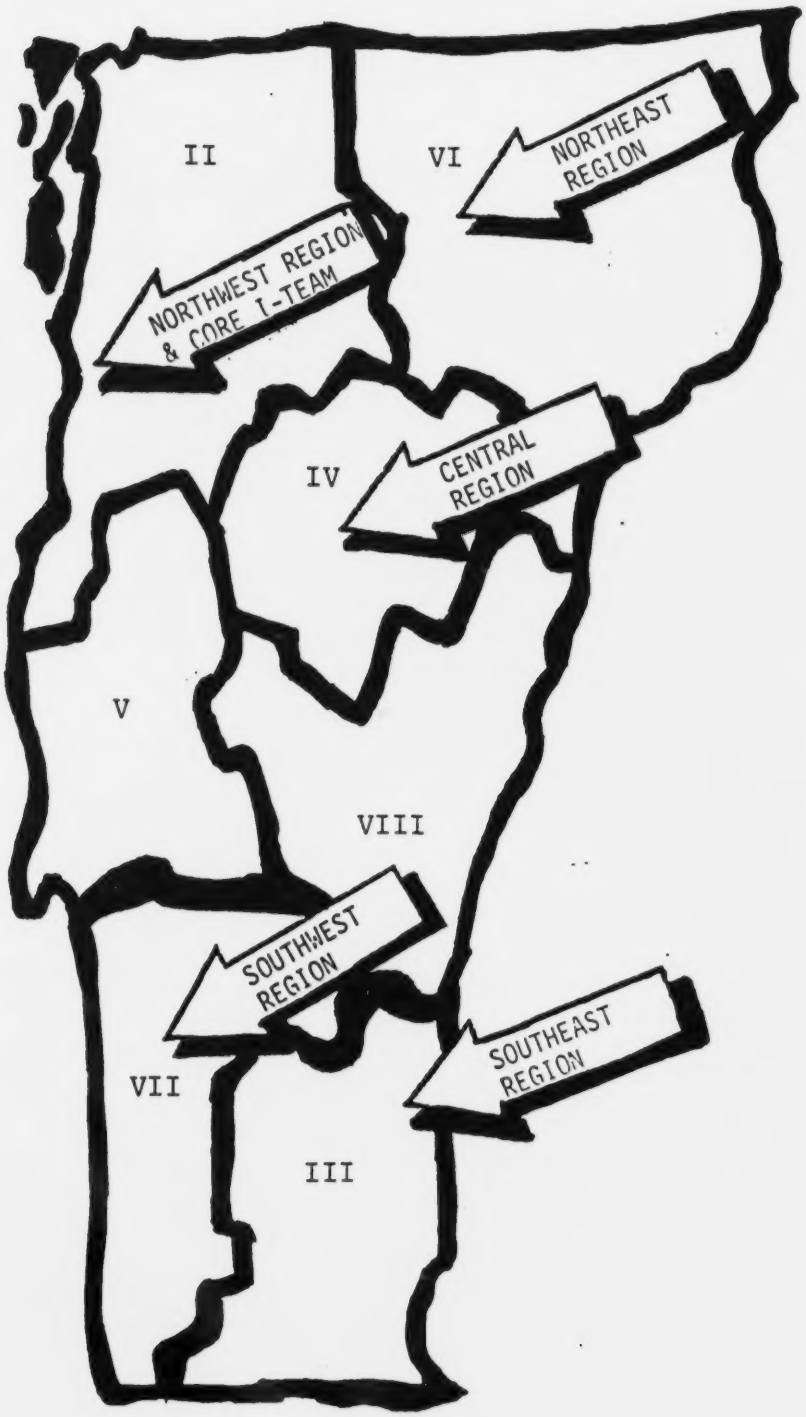
Approximately 76 families and volunteers have been matched as a result of Volunteers For Families activities throughout the state of Vermont. Over 50% of these matches have continued over time leaving the current number of volunteer and family matches at 48.

During the three years of the project, VFF programs were established in all eight regions targeted on the map (see Table II). Project staff worked closely with the citizen advocacy programs in four regions and with Big Brother/Sister-type programs in four regions. Staff from both programs worked cooperatively to solicit referrals and to recruit and provide follow-up to volunteers. In two regions, parents and special education staff took responsibility for the establishment and maintenance of the VFF program.

A total of 121 families of children and youth with severe handicaps requested volunteers throughout the state. Seventy-six of the children were matched with one or more volunteers. A more indepth description of project activities and accomplishments by individual programs can be found below.

Region I: Chittenden County. Chittenden County, the most densely populated county in Vermont, was selected as the first site in which Volunteers For Families would be developed. Since March 1984, the Chittenden County Citizen Advocacy coordinator has taken over the follow-up and recruitment responsibilities for VFF volunteers. The VFF

TABLE II: EIGHT VOLUNTEER FOR FAMILIES TARGET REGIONS.



staff has continued to provide assistance to the Citizen Advocacy program in an effort to rematch 16 children/youth and their families with volunteers, as their previous relationship had been terminated. Eighteen children/youth and their families are presently enjoying volunteer relationships.

Region II: Franklin County. The second area in which VFF was established was Franklin County. In Franklin County the only organized volunteer group is the Franklin County Citizen Advocacy Program, a sister program to the Chittenden County Citizen Advocacy program. Franklin County Citizen Advocacy is a long-established, highly visable and respected program in this part of Vermont. Because of the positive outcomes of the Chittenden County VFF/Citizen Advocacy merger and the Franklin County Citizen Advocacy program's expressed interest in working cooperatively with VFF to develop more comprehensive volunteer services for families in Franklin County, VFF in Franklin County was initiated in conjunction with the already well-established Citizen Advocacy program there.

To date, 4 of the 14 families referred to the program are still matched with a volunteer. The coordinator of the Citizen Advocacy program continues to provide follow-up and support to those volunteers who are still matched and contributes many program hours to the recruitment of new volunteers for unmatched families. As in Chittenden County, volunteers and families report a high level of satisfaction

with the partnerships, and relationships continue to be featured in local newsletters and newspapers.

Region II: Grand Isle County. Volunteers For Families was initiated in Grand Isle County, a very sparsely populated, isolated chain of islands in which the elementary school in each community serves as the center for social, as well as educational activities. Parents and special education staff worked cooperatively with project staff in the establishment of the program in this area. Of the five children and their families who were initially referred to the program, none are still matched. The volunteer parent coordinator has not been able to continue in her duties due to a variety of additional family responsibilities that have been placed on her. School staff have also not taken responsibility for the continuation of the program leaving it in very questionable condition in this part of the region.

Region III: Windham County. Service and recruitment efforts continued to be concentrated in Brattleboro, Windham County's major population center. A parent of a preschooler with severe handicaps who also serves on the Advisory Council has continued to act as the local program coordinator. During the last year, the program has functioned independently of the Center; however, project staff have continued to be available for consultation when requested. Data is still collected on matches made and satisfaction with the program on a regular basis. Five families and volunteers are still matched in this area and

have expressed genuine satisfaction with and commitment to the program.

In addition to the initial recruitment, volunteer/family matching and follow-up activities carried on by this program's participants, the group has become involved in a number of other unique and exciting supplementary activities. The participating families have formed a support group which meets bi-monthly and has recently become an association which they refer to as TASK or The Association for Special Kids. The group discusses common issues of interest and concern, and has invited outside speakers to address special topics. They have also taken responsibility for continuing the VFF program in Windham County.

Region IV: Washington County Because of the interest expressed by the State Citizen Advocacy Board for Washington County Citizen Advocacy and VFF to work together, VFF entered the Washington County area, utilizing Citizen Advocacy as the primary local sponsoring agency. As a result of VFF's involvement, the Citizen Advocacy program expanded its Advisory Council to include a parent of a young child with severe handicaps, a deacon from a community church, and a vice-president of a local bank. Family and volunteer recruitment strategies employed in this area have paralleled those found to be successful in other parts of the state. To date, seven of the twelve families referred to the program are still matched in relationships with

people in their communities. Those remaining will be matched as time and available volunteers allow.

Region IV: Orange County Probably one of the less successful VFF programs established, the Orange County program has been detrimentally affected by the unstable existence of its primary sponsoring agency, the Orange County Volunteer Network. The Orange County Volunteer Network, which is housed by the local mental health agency, has been in constant turmoil due to limited funding and an extremely high staff turn-over. In spite of the obstacles that have presented themselves, 11 families have requested services and 4 of those have been matched in successful relationships. Due to the precariousness of the future of Orange County Volunteer Network, VFF's future in Orange County is in question. It is very possible that the continuation of relationships which have been established will be strongly dependent upon the commitment of the volunteers and families themselves.

Region V: Addison County Community Friends of Addison County has been the major sponsoring agency for VFF in Region V. Due to their interest in expanding their program to serve not only underprivileged children, but also those children labelled handicapped, Community Friends has taken full responsibility for soliciting family referrals and recruiting community volunteers. VFF staff have been available at all times for consultation, technical assistance, and have provided an appropriate training program for those volunteers matched with a child/youth with

severe handicaps. Six families have been matched with volunteers.

Region VI: Caledonia County Two separate programs have been established in Region VI, the Northeast Region. In Caledonia County project staff have worked closely with a Big Brother/Sister program sponsored by Northeast Kingdom Youth Services in St. Johnsbury. Since the program was interested in expanding its services to include children and youth with handicaps, this provided an excellent opportunity for VFF to accomplish its goals, while assisting Northeast Kingdom Volunteers to meet its. Three out of six families referred to the program have been matched in volunteer relationships. The other three will be matched as additional volunteers become available.

Region VI: Orleans County In the greater Orleans County area, VFF has been coordinated by a part-time Regional Volunteer Coordinator. Of the six families referred to the program, 1 of those is matched in an on-going volunteer relationship.

Region VII: Rutland County In Rutland County VFF was initially established as an independent program during the last year of the project. However, with the development of a Citizen Advocacy program in Rutland County, the Coordinator requested that project staff work cooperatively with him in establishing the Citizen Advocacy program. Since then, VFF and Citizen Advocacy have worked closely to distribute information to families, but primarily to recruit

volunteers to be matched with the many referrals already received. To date, 14 families have requested services and 4 of those families have been matched with community volunteers. The remaining families will be matched as additional community volunteers are identified by the Citizen Advocacy program.

Region VIII: Windsor County The VFF program has also been established in the Windsor County area, with Springfield as its major population center. Due to the tremendous amount of travel time required, a part-time Regional Volunteer Coordinator was hired in Springfield for the last eight months of the program. She took responsibility for distributing information to families and for recruiting volunteers to be matched with each family. Three families requested VFF services and 1 of those families has been matched. Since there is no program with similar goals and objectives, the continuation of the program after the funding period is dependent upon local interest and commitment to its continuation. However, past experience with other programs indicates that the program is very difficult, if not impossible, to continue without the coordination of at least a part-time, paid coordinator. Therefore, the continuation of the matches is dependent upon the commitment of each family and volunteer.

D I S C U S S I O N

Facilitators

A number of factors have served as facilitators to the success of the VFF program. Probably the most significant factor is the patience, understanding, and fortitude of the families referred to the program. Many families had been involved in previous innovative programs that never "panned out" for them, leaving them somewhat wary about getting involved in "one more experiment." Some families chose not to be involved for this reason, however, many more chose to take the chance once again. Of these, about half have been very satisfied with the results of their involvement with VFF. The other half are still waiting patiently to be matched or rematched with just the right volunteer.

The caliber of long-term volunteers who have become involved in the program is also very impressive. From the data, we have been able to draw some very general conclusions as to the type of people who have chosen to become volunteer friends to children and youth with severe handicaps and their families. Most volunteers have had some prior connection with people with disabilities, whether it be through their own family, a friend's family, or some previous work or volunteer experience. Many college students became involved because they had chosen a career in one of the human services fields. Finally, there were those people who had never had any connection with people who are disabled, but who were looking to bring some added meaning

to their lives. For the most part, the most successful volunteers have been those who not only had a tremendous amount of personal resources to offer another person, but who also realized how much they had to gain from such a relationship.

Another factor which has contributed to the success of VFF is the exemplary interagency cooperation that has taken place as a result of the establishment of the program throughout the state of Vermont. In 7 of the 14 counties in the state, a variety of volunteer programs opted to work cooperatively with VFF. In most cases, it required a considerable increase in their work load due to an increase in the number of referrals, additional paper work, increased numbers of presentations to groups, and contacts to media sources for the purpose of recruiting volunteers. However, it also fulfilled their goal of expanding their programs to provide services for children/youth with severe handicaps and their families.

Although there are a number of families who were never matched, or rematched when a relationship was terminated, VFF has been a success. If only one family's life had been made better as a result of a VFF volunteer relationship, the project would still have been worthwhile. In reality, not only were over half the families matched, but project staff and staff of other sponsoring agencies made presentations to many individuals and community groups in their efforts to recruit community volunteers and to educate communities about current attitudes and strategies for integrating people with disabilities into their communities. For

centuries the attitudes and myths about people with disabilities have prevented them from functioning as productive and valuable members of their communities. It is only through community education and awareness, facilitated by programs such as VFF, that these myths and attitudes will continue to be dispelled, and that more and more people will become aware of the tremendous resources that exist within the group of people our society labels disabled.

Challenges

While there have been a number of factors which have served to strengthen the Volunteers For Families program, there have also been those which have presented real challenges to the establishment of the program. One of these is the lack of adequate staff available to travel to each area of the state to make the many, many contacts required to recruit an appropriate volunteer for each child/youth and family. Effective recruitment requires a certain amount of community knowledge and/or involvement on the part of the recruiter. The person must have a good overall picture of the communities in which the families live and the resources available to them already. This includes the existing social and civic organizations, the media resources, and other information unique to each community that would facilitate the identification of potential volunteers.

Another challenge which is closely related to the first is the time required on the part of project staff to reach a

destination within the state. It can take as much as one and a half to three and a half hours to get to a target site. This represents time invested before any efforts have been made to explore the communities in search of potential volunteers.

The actual recruitment and maintenance of volunteers over the long term presents tremendous challenges in itself. Most people have become involved in the program with the best intentions in mind. However, for various reasons, about half of those have terminated the relationship within the first three months. It has been difficult to draw any hard and fast conclusions as to the reasons for such a high termination rate. The primary reason given by volunteers is generally that they didn't have the time. It is no secret that developing and maintaining relationships-- any relationship--is not easy and does take time. This is espcially true for people who do not communicate in the typical way in which the general public is accustomed. This can make the development of a relationship that much more difficult. Other issues which have arisen are the rural nature of many Vermont communities, the lack of adequate means of transportation other than a personal vehicle, the poverty experienced by so many people, and the level of commitment which the program requires.

APPENDIX A

Family Referral Process
Volunteer Screening Process

VOLUNTEERS FOR FAMILIES

F A M I L Y R E F E R R A L P R O C E S S

When a family calls or is referred to Volunteers For Families (VFF), the following steps should be taken:

STEP 1: Review goals of program, discuss waiting list (if one exists), and make appointment for Family Orientation over the phone or by letter if necessary. Record name, address and phone number of contact person on index card.

STEP 2: Develop a file folder for family member with a disability and his/her family.

STEP 3: Hold Family Orientation meeting in order to assess needs of family. Complete forms in the Family Orientation Handbook. Encourage family to attend volunteer training session(s).

STEP 4: Match family member with a disability and a volunteer based on assessed needs, mutual interests, transportation available, and town of residence.

STEP 5: Attend initial meeting between individual with a disability, family and volunteer. Facilitate discussion of potential activities, etc., between all involved.

STEP 6: Provide follow-up and support on a monthly basis for at least 6 months to a year.

VOLUNTEERS FOR FAMILIES

V O L U N T E E R S C R E E N I N G P R O C E S S

STEP 1: Review goals of program and make appointment for interview over the phone or by letter.

STEP 2: Send cover letter, application, and brief overview of program to volunteer or have it completed at time of interview.

STEP 3: Upon receipt of completed application, develop file for potential volunteer.

STEP 4: Hold interview between potential volunteer, staff person, and a parent of a child with a disability if possible. Inform volunteer of date of next training session.

STEP 5: Call at least one reference and complete a reference check form.

STEP 6: Contact potential volunteer in regard to acceptance or rejection by sending a letter. Remind volunteer of next date and time of training if accepted.

STEP 7: Contact volunteer to verify attendance at training session(s).

STEP 8: Match volunteer with individual with a disability based on mutual interests, skills, transportation available, and town of residence.

STEP 9: Attend initial meeting between individual with disability, family and volunteer. Facilitate discussion of potential activities, etc., between all involved.

STEP 10: Provide follow-up and support on a monthly basis for at least 6 months to a year.

APPENDIX B

Family Orientation Packet

VOLUNTEERS FOR FAMILIES

Guidelines for Discontinuation of Volunteer Relationships

Like other relationships that you enter into, your volunteer relationship may at some time have to be terminated. You or the family with whom you are matched may move a considerable distance; your employment status or that of your friend may change unexpectedly, or one of you may be affected by serious illness. In addition, other less tangible factors may make the continuation of a relationship difficult or impossible. The screening and matching process which brought you and your friend together is not perfect. While this is unfortunate, it is also unavoidable, and the continuation of a counter-productive relationship is almost certainly worse than terminating it. An effective volunteer program makes allowances for these personality and communication problems, and should be able to quickly re-assign both you and the individual and his/her family.

If you must discontinue your involvement as a volunteer for any reason whatsoever, please notify your local coordinator as far ahead of time as possible so that a smooth transition may be arranged. This might include one or more meetings in which the coordinator could help with the termination. Informing the family that you have moved by sending a postcard from your new home, terminating a relationship by merely discontinuing visits and calls, or any other abrupt or impersonal approach to breaking off your friendship clearly does not fulfill the responsibility you have accepted as a volunteer. While it is hoped that friendships will endure several years, many will have to end sooner. If yours is among these, we must ask that you agree to follow the procedure outlined above, bearing in mind that terminating the relationship does not reflect negatively on you in any way. Part of the obligation that you assume in becoming a volunteer is that, should it become necessary, the discontinuation of your relationship is handled in a mature fashion, with consideration given to both your friend and the program.

Local Coordinator: _____

Phone Number: (H) _____ (W) _____

Address: _____

Adapted from CARC Advocacy Program Discontinuation Statement

INITIAL SURVEY

NAME:_____ AGE:_____ D.O.B._____
SEX:_____

ADDRESS:_____

CONTACT PERSON:_____ PHONE: (H)_____

(W)_____

ADDRESS: _____

_____

1. Tell me a little bit about your child: developmental disability/specific functional limitations.(What do we need to know to find the right person? What kinds of information do you want/not want the volunteer to know about your child?

_____

_____

_____

2. What are your son/daughter's interests/hobbies/skills?

_____

_____

3. What do you see as your son/daughter's needs that a volunteer might help you with?

_____

_____

_____

4. What times during the week/month would you and your child most need a volunteer?

_____

5. What are you looking for in a volunteer(age, sex, etc.)?

_____

_____

6. What knowledge or training do you feel your volunteer would need, if any? Would you feel comfortable providing this knowlege/training or would you wish the staff to assist you in some way?

---

7. Resources: Do you have any suggestions as to possible volunteers or as to what agencies/churches we might contact?

Comments:

VOLUNTEERS FOR FAMILIES

VOLUNTEER CONFIDENTIALITY AGREEMENT

I accept the privilege to have access to relevant information concerning an individual and family, with the understanding of the confidentiality of the information which they provide. Under no circumstances shall I duplicate, offer in writing, or talk about this information to unauthorized or uninvolved persons. I fully understand that knowledge of the information about a family to whom I offer my services is only for the purpose of providing the individual and family with those volunteer services agreed upon by myself and the family. Given the principle that every citizen has the right to privacy, I further understand that the information is to be considered personal and private and should in no way be used in a prejudicial or judgemental manner.

_____
Signature

_____
Date

(Adapted from Surrogate Parent Program Confidentiality Agreement)

VOLUNTEERS FOR FAMILIES

IMPORTANT INFORMATION FORM

Directions to Parents:

Please complete the Emergency Numbers, Emergency Care Permission, Recreation and Education, and Communication sections below along with any of the other sections which you think apply to your son/daughter. If there is any information which you not want to have on paper but wish to convey to the volunteer, feel free to inform her/him verbally.

Your son/daughter's name _____

EMERGENCY NUMBERS

Telephone Numbers for:

Home _____ Nearest neighbor/relative _____

Ambulance _____ Police _____ Doctor _____

Hospital Emergency Facility _____

Insurance Numbers:

Social Security Insurance _____

Medicaid _____

Other Insurance _____

EMERGENCY CARE PERMISSION

I, the parent or guardian of _____
(name of learner)

give permission to _____
(name of volunteer)

to take my child to _____
(doctor)

_____ given an emergency situation.
(hospital)

_____
(Signature of parent or guardian)

_____
(Date)

RECREATION AND EDUCATION

1. My son/daughter's favorite activities at home and in the neighborhood are:

   _____

   _____

2. My son/daughter's favorite activities in the community are: _____

   _____

   _____

3. New community and recreational activities I would like my son/daughter to get involved in include: _____

   _____

4. Places I prefer my son/daughter not to visit or attend include: _____

   _____

   _____

5. When teaching my son/daughter something new, the following techniques are usually most successful (ex. verbal prompts, modeling, physical assistance).

   _____

   _____

6. If the volunteer has a car available there is there is not a permit available for special parking privileges for individuals with handicapping conditions.

7. The volunteer will need to know to what extent you are able to assist the volunteer financially in activities involving expenses. Discuss with the volunteer the financial arrangements.

8. In what situations if any would you be able to provide transportation for your child and/or the volunteer so they might take part in an activity?

   _____

   _____

9. I would like help with the following (if necessary demonstrate) school and educational (IEP) objectives at home or in the community. _____

   _____

COMMUNICATION

1. Amount of language my son/daughter understands: _____

2. Amount of spoken language my son/daughter uses. He/she makes his/her wants and needs understood in the following ways: _____

3. My son/daughter uses the following special communication system (i.e., sign language, communication board - describe and demonstrate the system): _____

Additional Information:

1. If anything frightens or angers my son/daughter child, the following should be done: _____

2. If there is any trauma when my family leaves my son/daughter, the following should be done: _____

3. My discipline policy in general is: _____

4. My son/daughter exhibits the following problem behaviors: _____

5. The most effective ways for dealing with the behavior(s) is: _____

_____

_____

6. I do not want to encourage the following behavior(s): _____

_____

_____

7. If my son/daughter engages in this behavior, I give the following prior warning: _____

_____

_____

MEALTIMES

1. Foods and drinks that my son/daughter enjoys include: _____

_____

_____

2. Foods and drinks that my son/daughter dislikes include: _____

_____

_____

3. These snacks or sweets are allowed: _____

_____

_____

4. My son/daughter uses his/her left hand right hand (circle one) in eating.

5. My son daughter's daily eating routine (times and how often he/she eats):

_____

_____

6. My son/daughter needs the following assistance for eating or drinking from a cup. _____

_____

7. Restrictions as to the texture or liquidity of food or drink served to my son/daughter include: _____

_____

_____

MEDICAL INFORMATION

1. The Family Service Volunteer needs to know the following medical information:

_____

_____

_____

_____

2. Optional Additional information:

   a. If your child has a history of seizures:

   My son/daughter shows the following signs of seizure onset _____

   _____

   _____

   These procedures should be followed if a seizure occurs _____

   _____

   _____

   b. This medication is given to my son/daughter regularly (kind, time taken, dosage, etc.):_____

   _____

   _____

   c. The following recurring illnesses should be watched for:_____

   _____

   _____

   d. Restrictions on amount or type of physical activity include:_____

   _____

   _____

   e. Allergies to food or drugs, etc. include: _____

   _____

   _____

   f. Hearing or visual impairment include:_____

   _____

   _____

PHYSICAL CARE INFORMATION

Special Equipment

1. My son/daughter uses the following special equipment (glasses, hearing aide, wheelchair, braces, helmet): _____

2. These specific techniques should be used for applying or using the equipment (demonstrate technique to volunteer). _____

Positioning, handling, and carrying (optional information)

1. My son/daughter requires the following special positioning when seated, lying, kneeling, standing, etc. _____

2. My son/daughter needs to be lifted, transferred or carried (describe and/or demonstrate techniques used. _____

Sleeping, Toileting, Personal Hygiene, and Dressing

1. My son/daughter's bedtime routine involves the following: _____

2. Optional Additional Information:
   a. Bedtime is: _____
   b. Morning waking time is: _____
   c. My son/daughter needs does not need to be tucked in.
   d. My son/daughter sleeps on his her back, side, stomach.
   e. If my son/daughter awakens during the night the following should be done. _____

3. These special lifting, transferring, or positioning techniques should be used at bedtime:_____

_____

_____

_____

4. My son/daughter does does not need to be turned or checked periodically.

The volunteer should know the following special toileting, dressing or personal hygiene information. _____

_____

_____

5. The following soaps, fabric softeners, etc. should be avoided due to skin irritation. _____

_____

6. My son/daughter needs the following help with dressing. _____

_____

_____

7. My son/daughter needs the following help with personal hygiene. _____

_____

_____

8. Special bathing/showering instructions that the volunteer should follow, (e.g., any lifting or use of railings) include:_____

_____

_____

Additional Comments and Information:

To the Parents:

Thank you for your valuable time and energy on providing the Family Service Volunteer with this important information and demonstration involving your son/daughter.

VOLUNTEERS FOR FAMILIES County:

Family and Desired Service Information Region:

Name: _____ Age: _____ Code #:

Name of Parent(s): _____

Address: _____

Phone # (H): _____ Directions to house:

Mother (W): _____

Father (W): _____

Best time to call: _____ Best time to visit: _____

Name of nearest neighbor/relative: _____

Phone # (H): _____ Phone # (W) _____

Desired volunteer services: _____

_____

Do you have a preference as to the age (or other characteristics) of the volunteer (i.e., drives a car, plays musical instrument, times available, etc.)? _____

_____

Is your home available for training? Yes ____ No ____

When is it available? _____

Would your child be available to participate with a volunteer in training activities?

Yes ____ No ____

VOLUNTEERS FOR FAMILIES

Questions and Answers on Volunteers For Families

WHO IS A VOLUNTEER?

- A person who lives in your town or nearby, may work or go to school, may have a family, live with friends, or live alone.
- A person who has been screened, interviewed, and trained by other parents, volunteer trainers, and local coordintors.
- A person who likes to do some of the things your son/daughter does.
- A person who wants to get to know your son/daughter and family to find out if you could get along with each other.
- A volunteer is not paid to be with you. Volunteers are not like social workers, teachers or supervisors. They are like partners, friends or helpers.

WHAT WOULD A VOLUNTEER AND MY SON/DAUGHTER DO TOGETHER?

- Get to know each other by spending free time together.
- Visit or talk to each other on a regular basis.
- Your son/daughter and the volunteer might be able to help each other in different ways (sometimes just by being there).
- Depending on what you all decide, a volunteer might be someone to:

    - talk over feelings with
    - help make decisions
    - help your son/daughter to let people know what he/she wants or what his/her rights are
    - learn new things with
    - meet new people and go to new places with

WHAT IS MY PART IN THE RELATIONSHIP?

- Get to know the volunteer, decide if you get along well, if you like and trust him or her.
- Treat him or her the same way you would like to be treated. Be honest, patient and friendly.
- Think about what you want your son/daughter to do with the volunteer. Decide <u>together.</u>
- Let the volunteer know what times your son/daughter is free to be with him/her. Ask him/her to do the same for you.
- Let him/her know in advance when there is a change in plans and have to cancel the plans. Ask him/her to do the same for you.
- Let the people you live with know if you are going to invite the volunteer over, or if the two are going out.
- If money is needed to do something, each should plan to have their own. Each person should pay his/her own way unless it is a special occasion.
- Let the coordinator know if you have any questions or problems with your relationship.

WHAT IS THE COORDINATOR'S PART IN THIS?

It is his/her job to:

- teach people about VFF advocacy
- find volunteers and people who want volunteers
- teach volunteers about issues and concerns that they might need to respond to as they become involved in your son/daughter's life and your family's as well
- keep in touch with the relationships to be sure things are going well

WILL A RELATIONSHIP LAST FOR A LONG TIME?

- It depends on the two who are matched.
- There are many changes in your life or in the volunteer's life which will cause changes in the relationship. Over time, everyone's schedules, interests, and abilities change.
- A relationship may change and go on, or it may end.

- Let the coordinator know about any big changes or if either of you plans to end the relationship. He/she can talk it over with you to be sure you both understand.

_____
Coordinator's Name

_____
Phone Number

_____
Volunteer's Name

_____
Phone Number

APPENDIX C

VOLUNTEER HANDBOOK

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THE ROLE OF THE VOLUNTEER

Session Overview

Rationale

The success of the volunteer experience is in large part determined by the volunteer starting out with accurate expectations of his/her responsibilities and what he/she will get out of volunteering.

Many individuals volunteer with a great desire to be of service, but, frequently do so with limited information about what their specific role will be. It is important for volunteers to clarify what it is they want to do and what they expect to get out of your volunteer experience, as well as what the particular volunteer experience has to offer them.

Outcomes

1. Participants will describe and explore their reasons for becoming involved in the Volunteers For Families program.

2. Participants will be able to describe their roles and responsibilities in volunteering.

3. Participants will understand and explain the concept and importance of advocacy.

Activities

1. Activity/discussion of reasons why participants want to be involved in the Volunteers For Families program.

2. Review the goals, objectives, and management plan of the Volunteers For Families program. (Handbook - Brochure and pages 3-5.)

3. Lecture/discussion of the role and responsibilities of volunteers. (Handbook - pages 6-10.)
4. Lecture/discussion of meaning and importance of advocacy. (Handbook - pages 12 and 13.)

5. Evaluate the training session (Handbook - page 14).

VOLUNTEERS FOR FAMILIES

Overview

Volunteers for Families (VFF) is a three year program to establish a statewide network of family service volunteers. VFF trains volunteers to advocate for, coordinate, and provide services to children and youth with developmental disabilities and their families. These family services include a wide range of home and community-based activities. Examples of volunteer activities include: assisting an individual to pursue a leisure time activity such as aerobic exercise, cooking, or card playing; and recreational activities such as bowling or swimmming. In summary, services provided by the volunteers are intended to enhance the educational, social, recreational and leisure skills of the developmentally disabled person; while providing family members with a form of respite.

All volunteers are required to successfully complete a series of training sessions and are closely supervised and followed-up by project staff. Volunteers who wish to train additional volunteers complete other classes which cover how to identify, recruit and train volunteers.

For more information about Volunteers For Families contact Mary Ellen Seaver-Reid, Peggy Spaulding or Pamela Towne at:

Volunteers For Families
499C Waterman Building
University of Vermont
Burlington, VT 05405

(802) 656-4031

VOLUNTEERS FOR FAMILIES

Advocacy Council Member Job Description

Title:	Advocacy Council Member
Council Member Role:	To assist the project staff, advocate for family services and help maintain the volunteer program.
Responsibilities and Duties:	To attend regularly scheduled meetings every other month.
	To assist project staff in identifying and recruiting volunteers to be trained as trainers and service providers.
	To assist project staff in reviewing all recruitment and training materials and procedures.
	To assist project staff in periodically reviewing the program to evaluate services and determine additional needs within the region.
	To assist project staff to disseminate information through newsletters and local media to establish a statewide network of volunteers.
Desired Qualifications:	Parents of severely handicapped learners or service providers of severely handicapped learners.
	Community members interested in developing and maintaining a volunteer program which will serve individuals with developmental disabilities and their families.

VOLUNTEERS FOR FAMILIES

Volunteer Trainer Job Description

Title:	Volunteer Trainer
Trainer Role:	To train additional volunteers to serve individuals with developmental disabilities and their families.
Responsibilities and Duties:	To attend two training sessions designed to prepare trainers to recruit and instruct volunteers. To recruit, screen and select volunteers to be trained. To conduct a series of training sessions for volunteers. To supervise and follow-up volunteers after they have been matched.
Desired Qualifications:	An interest in maintaining a pool of volunteers to serve individuals with developmental disabilities and their families. Confidence and enjoyment in speaking to groups of people. An interest in teaching other adults to be volunteers. Sixteen years of age or older.
Necessary Qualifications:	Fill out Volunteer Application Form and submit three (3) letters of recommendation. Complete an interview with Volunteers For Families staff members and a parent and/or Advocacy Council member. Attend all volunteer training sessions and two additional trainer training sessions.

VOLUNTEERS FOR FAMILIES

Questions and Answers on Volunteers For Families

WHO IS A VOLUNTEERS FOR FAMILIES VOLUNTEER?

- A person who lives in a city or town in Vermont, may work or go to school, may have a family, live with friends, or live alone.
- A person who likes to share his/her time with other people.
- A person who wants to get to know a person who has a developmental disability to find out if the two of you could get along with each other.
- A person who is not paid to be with his/her friend. Volunteers are not like social workers, teachers or supervisors. They are like partners, friends or helpers.

WHAT WOULD A VOLUNTEER AND HIS/HER FRIEND DO TOGETHER?

- Get to know each other by spending free time together.
- Visit or talk to each other on a regular basis.
- Depending on what you both decide, you might:

    - talk over feelings
    - help your friend make his/her own choices
    - help your friend to let people know what he/she wants or what his/her rights are
    - learn new things
        - how to make popcorn
        - how to play cards
    - meet new people and go to new places
        - walk in the woods
        - shopping mall
        - restaurant
        - bowling

WHAT IS MY PART IN THE RELATIONSHIP?

- Get to know your friend, decide if you get along well, if you like and feel comfortable with each other
- Treat him or her the same way you would like to be treated. Be honest, patient and friendly.
- Think about what you want to do with your friend. Decide together.
- Let your friend know what times you have free to be with him/her. Ask him/her to do the same for you.
- Let him/her know in advance when there is a change in plans or you have to cancel the plans. Ask him/her to do the same for you.
- Let the people you live with know if you are going to invite your friend over.
- If money is needed to do something, each should plan to have their own. Each person should pay his/her own way unless it is a special occasion.
- Let the coordinator know if you have any questions or problems with your relationship.

WHAT IS THE COORDINATOR'S PART IN THIS?

It is his/her job to:

- teach people about Volunteers For Families
- find volunteers and people who want volunteers
- introduce them to each other
- keep in touch with Volunteers For Families relationships to be sure things are going well

WILL A VOLUNTEER RELATIONSHIP LAST FOR A LONG TIME?

- It depends on the two of you.
- There are many changes in your life or in your friend's life which will cause changes in your relationship. Over time, everyone's schedules, interests, and abilities change.
- A relationship may change and go on, or it may end.

- Let the coordinator know about any big changes or if either of you plans to end the relationship. He/she can talk it over with you to be sure you both understand.

_____

Coordinator's Name

_____

Phone Number

_____

Volunteer's Name

_____

Phone Number

VOLUNTEERS FOR FAMILIES

Volunteer Job Description

Title:	Volunteer
Volunteer Role:	To provide a variety of services to children with developmental disabilities and their families.
Responsibilities and Duties:	To invest time and interest in individuals with developmental disabilities so that they may acquire a better understanding of themselves, the community and its opportunities, and the value of socializing and establishing friendships. To be aware of and to help others to be aware that people with developmental disabilities often have capabilities that far outweigh their disability. To assist families in implementing home and community learning objectives in the Individual Education Plans of their developmentally disabled family member. To assist families in furthering the social integration of their developmentally disabled family member within their neighborhood and community. To assist families in providing additional opportunities for their developmentally disabled family member to experience and practice recreational, leisure and social skills.
Desired Qualifications:	A desire to assist individuals with developmental disabilities and their families. Dependable in meeting commitments. Sixteen years or older.
Necessary Requirements:	Fill out the Volunteer Application Form and submit two (2) letters of recommendation. Complete an interview with parent and Volunteers For Families staff member.

VOLUNTEERS FOR FAMILIES

Volunteer Responsibilities

1. Above all, I plan to take my commitment seriously.
2. I will follow through and be punctual on planned activities and let the parents know as soon as possible about any changes in plans. I will be honest and sincere in this regard.
3. I will follow specific instructions as outlined by parents at all times.
4. I understand what to do in case of emergency and will refrain from participating in any activity which may jeopardize my friend's safety.
5. I will discuss with the parents any problems, questions or concerns.
6. I will try to emphasize the abilities and not the disabilities of my friend.
7. I will treat my friend with respect as an equal.

VOLUNTEERS FOR FAMILIES

Guidelines for Discontinuation of Volunteer Relationships

Like other relationships that you enter into, your volunteer relationship may at some time have to be terminated. You or the family with whom you are matched may move a considerable distance; your employment status or that of your friend may change unexpectedly, or one of you may be affected by serious illness. In addition, other less tangible factors may make the continuation of a relationship difficult or impossible. The screening and matching process which brought you and your friend together is not perfect. While this is unfortunate, it is also unavoidable, and the continuation of a counter-productive relationship is almost certainly worse than terminating it. An effective volunteer program makes allowances for these personality and communication problems, and should be able to quickly re-assign both you and the individual and his/her family.

If you must discontinue your involvement as a volunteer for any reason whatsoever, please notify your local coordinator as far ahead of time as possible so that a smooth transition may be arranged. This might include one or more meetings in which the coordinator could help with the termination. Informing the family that you have moved by sending a postcard from your new home, terminating a relationship by merely discontinuing visits and calls, or any other abrupt or impersonal approach to breaking off your friendship clearly does not fulfill the responsibility you have accepted as a volunteer. While it is hoped that friendships will endure several years, many will have to end sooner. If yours is among these, we must ask that you agree to follow the procedure outlined above, bearing in mind that terminating the relationship does not reflect negatively on you in any way. Part of the obligation that you assume in becoming a volunteer is that, should it become necessary, the discontinuation of your relationship is handled in a mature fashion, with consideration given to both your friend and the program.

Local Coordinator: _____

Phone Number: (H) _____ (W) _____

Address: _____

Adapted from CARC Advocacy Program Discontinuation Statement

ABSTRACT OF ADVOCACY

The goal of advocacy is to help someone become more independent and self-sufficient in providing for his/her own needs. This goal is reached through supporting the person's cause by "standing with", not by doing everything for him/her. Thus, a person learns new skills and the availability of resources and how to best access them. These resources may include such things as integrated recreation options, jobs, housing, medical care, and transportation.

The advocate needs to look honestly at his/her own self-interest, limitations, values and lifestyle. He/she also needs to look closely at the person for whom he/she is advocating and find out about his/her life situation. The advocate must be able to make suggestions and, at the same time, allow the person with a developmental disability to decide for himself/herself what avenue is best and/or what is preferable whenever possible.

GUIDELINES FOR EFFECTIVE ADVOCACY RELATIONSHIPS

1. Consider the needs and interests of your friend as well as your own needs and interests.

2. Know your friend. Find out what he/she can and can't do, find out what he/she likes to do. Talk with his/her family, teachers, social workers, etc. Talk with your friend!

3. Be a friend. Call between your visits. Send a card now and then.

4. At the end of each visit, try to plan something for the next time with your friend. Set a date and try to stick to it; give your friend something to look forward to each time.

5. Be patient. Developing a friendship and trust will be slow. Giving help and seeing progress will be even slower. Start where your friend is and don't push.

6. After awhile, when you get to know each other, you'll begin seeing what needs working on. Set goals together. Break down large goals into smaller parts and work on these parts one at a time.

7. Remember, your friend doesn't need constant special attention. He/she is a person first and developmentally disabled second.

8. You don't have to be a juggler, travel guide, or ring master. Simple activities are fine. Things that are routine and mundane to you may be new and exciting for your friend: a ride in your car, a walk, a visit to your home, a movie, doing garden work, etc.

9. As much help as you need or want is available from our office. Call us about anything!

10. Have fun!

(Adapted from the Lamoille County Citizen Advocacy Program)

EVALUATION

SESSION 1 - THE ROLE OF THE VOLUNTEER

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Activity/discussion of reasons why participants want to be involved in the VFF program	5	4	3	2	1
2. Review of goals, objectives and management plan of VFF	5	4	3	2	1
3. Lecture/discussion of the role and responsibilities of volunteers	5	4	3	2	1
4. Lecture/discussion of meaning and importance of advocacy	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the content of this sessions?

Do you have any suggestions for changes in the way (materials, etc.) in which the information was presented in this session?

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History of Attitudes Toward People With Developmental Disabilities

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WHAT ROLES ARE THEY EXPECTED TO PLAY.....4

GRAPHIC SUMMARIZATION OF THE EVOLUTION OF INSTITUTIONAL RATIONALES AND PRACTICES.....5

NORMALIZATION.....6

MYTHS ABOUT DEVELOPMENTAL DISABILITIES.....7

FACTS ABOUT DEVELOPMENTAL DISABILITIES.....8

MYTH/FACT ACTIVITIES.....9

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HISTORY OF ATTITUDES TOWARD PEOPLE WITH DEVELOPMENTAL DISABILITIES

Rationale

Society's attitudes toward people with developmental disabilities have changed radically throughout history. It is important to all persons who are involved in some way with developmentally disabled people, including VFF Volunteers, to be aware of the historical events which have preceded the present move toward deinstitutionalization of persons with developmental disabilities and the establishment of programs to provide opportunities for them to become accepted, participating members of their communities.

Outcomes

1. Volunteers will be familiar with "deviancy" and the eight role perceptions of mental retardation that relate to it.
2. Volunteers will be familiar with the perception of persons with mental retardation as "developing individuals".
3. Volunteers will be familiar with the historical development of institutions for the "mentally retarded" in the United States.
4. Volunteers will be able to recognize the effects of our history on current practices including the principle of normalization.

Activities

1. Lecture/discussion of "deviancy" and eight perceptions of the mentally retarded person's role in society (Wolfensberger; The Origin and Nature of Our Institutional Models, 1975; and Your Citizen Advocacy Program, 1976.) (HANDBOOK page 2.)
2. Group activity to relate the situations described to the role perceptions (HANDBOOK page 3.)
3. Lecture/discussion of the history of institutions and treatment of the "mentally retarded" in the United States (Wolfensberger, 1975 & 1976). (HANDBOOK page 4.)
4. View film "Transitions" or "Three Generations".
5. Lecture/discussion on effects of history on current practices and treatment of people who have developmental disabilities.
6. Participants orally read and discuss handout on normalization.
7. Summarize session with discussion and activity on myths and facts about developmental disabilities (HANDBOOK pages 8-15.)
8. Evaluate the training session (Handbook, page 16).

How Society Has Viewed Handicapped People

Over the ages, handicapped persons have been dehumanized in many different ways. Some of the stereotypes which have been used to label handicapped people persist in the mind of the public even today. Viewing a disabled person or group of handicapped persons according to a stereotype limits what we *expect* of them and how we respond to them. This should become clearer as we discuss some of the "historical" stereotypes.

The handicapped person as a "menace"

Between 1870 and 1925, all persons with disabilities were linked with poverty, crime, and promiscuity and were seen as contributing to the decline of civilization. Mentally retarded individuals in particular were viewed as threats to society. This view led to the segregation, imprisonment, persecution, and even destruction of thousands of handicapped persons. Placement in large custodial settings or "asylums," as they were called then, was common. Sterilization was widely used to prevent the spread of social problems through heredity.

The handicapped person as an "object of dread"

This view stems from the time when leprosy was a common dreaded disease. The first institutions were built in Europe to house lepers, after the Crusades. These prison-like buildings were placed well outside the cities, often on hilltops for the clean air. When leprosy declined, the "leprosariums" were quickly filled with society's misfits, disordered, and handicapped persons. The image of dread of the lepers was transferred to the new tenants.

The handicapped person as "subhuman"

This view is still encountered today, particularly where very severely handicapped persons are concerned. Such persons are often compared with "animals" or "vegetables." Simple amenities such as heat and regulation of water temperature may be ignored because the handicapped person is thought to be insensitive to heat or cold.

The handicapped person as an "object of ridicule"

Those who remember the movie *Charlie* or the book *Flowers for Algernon* will recall how the mentally retarded main character was the butt of frequent and humiliating jokes from co-workers. The appearance of handicapped persons in "freak shows" and circuses also illustrates this point. Historical novels show that disabled people were used as fools, court jesters, or clowns.

The handicapped person as an object of "pity" or "charity"

Until recent years, services (from education to clothing) were given to handicapped people out of pity or a sense of charity. Handicapped persons were even placed in the position of having to beg for survival. The pity and charity approach is still used in public fundraising campaigns.

The handicapped person as a "holy innocent"

This view characterizes handicapped persons as "holy innocents," "children of God," "special messengers," divine reminders to persons of their sins, but persons who are themselves incapable of sin and therefore not responsible for their own actions.

The handicapped person as an "eternal child"

The most common present misperception of mentally retarded persons is that mentally they are children forever. The tendency, then, is to expect them to behave like children. For example, an 18-year-old man may be expected to play with the same toys as a 6-year-old, when in fact he could be playing sports and learning vocational skills. Clothes, books, and possessions which are really more appropriate for children are often given to handicapped adults, and reinforce the juvenile stereotype.

The handicapped person as "sick"

A final stereotype and one which is also common today is the view of the handicapped person as sick—often mentally sick. This has led to an emphasis on medical treatment in hospital settings. Some disabilities, such as epilepsy, can be treated or controlled by drugs. But it is unrealistic to expect most handicaps to

NOTE. Adapted from *Your Citizen Advocacy Program*, 1976, by the National Institute on Mental Retardation (4700 Keele Street, Downsview, [Toronto], Ontario, Canada), and used by permission.

THE HANDICAPPED PERSON AS "SICK" (cont.)

be totally overcome of "cured." Even so, all handicapped persons can be helped through better services and opportunities to achieve a measure of independence. Greater emphasis should be, and is being put on education and rehabilitation, schools, vocational centers, and residential services. These non-medical services are more appropriate and will in the long run produce more direct benefits to the handicapped individuals and to society.

THE HANDICAPPED PERSON AS A CITIZEN AND DEVELOPING INDIVIDUAL

Fortunately, the old, degrading stereotypes are being replaced by a positive view of handicapped people. The handicapped individual is increasingly seen as a citizen entitled to the same services, opportunities, and benefits as other people.

WHAT ROLES ARE THEY EXPECTED TO PLAY?

1. Menace
2. Object of dread
3. Subhuman
4. Object of ridicule
5. Object of pity or charity
6. Holy innocent
7. Eternal child
8. Sick
9. Developing individual

____ The preschool program for handicapped students is called "play therapy."

____ Water in hot water faucets may not exceed 100 degrees.

____ Bill has poor receptive language and some behavior problems. His mother and teacher discuss a plan for behavior change while they help him get dressed.

____ All windows in the residence are made of shatter-proof glass.

____ The outdoor play area is enclosed by a high fence.

____ There are windows in the bedroom doors.

____ There are no sharp edges anywhere in the building. They have been padded or eliminated.

____ Alex poses in his wheelchair for a poster advertising a concert to raise money for the new kitchen in his group home.

____ Sarah is 14. Mom makes her bed in the morning to give Sara more time with the family.

____ Jon exposes himself to a girl on the bus. His parents now transport him to school.

____ Mike, 12, accidentally breaks the fish tank. His teacher hugs him and tells him not to worry.

____ The special education classroom is in the back of the building with a ramped entrance.

____ A group home for 6 persons is planned for Elm Street. The neighbors present a petition to the town fathers in opposition to it.

____ Myra tires easily. She spends recess with her aide, listening to records and looking at books.

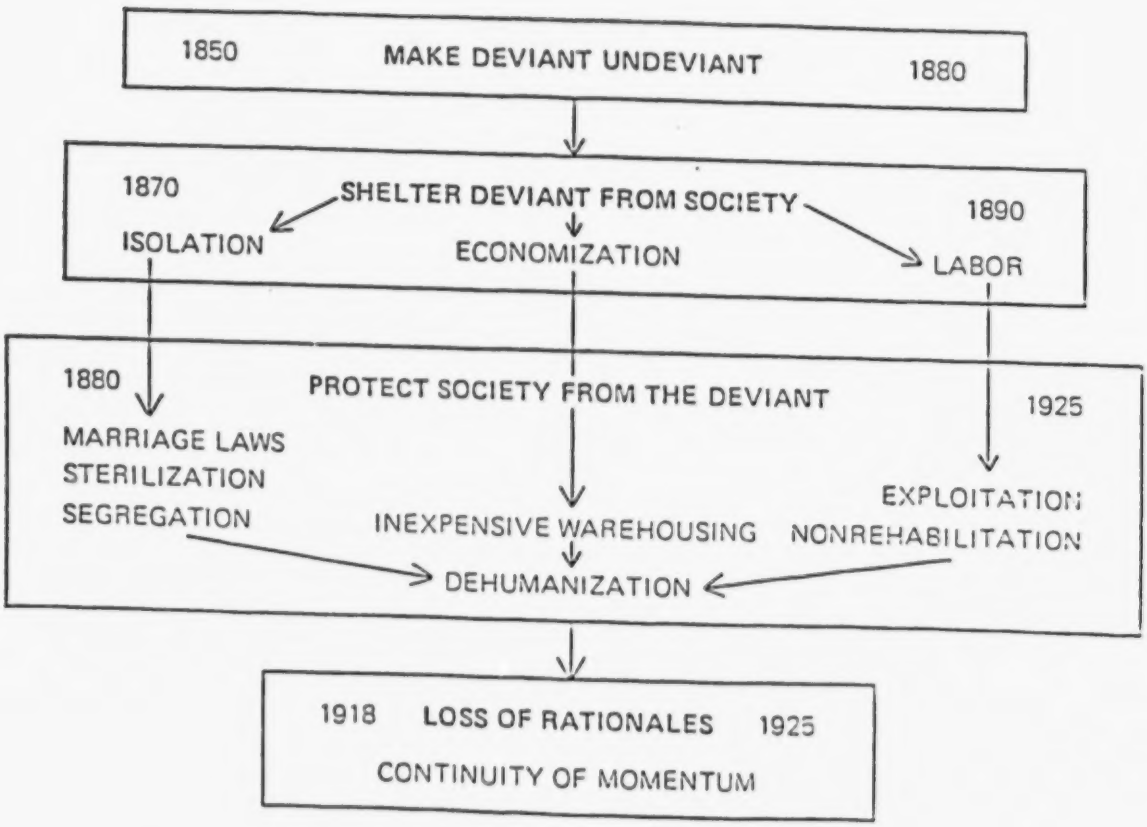


FIGURE 1: Graphic Summarization of the Evolution of Institutional Rationales and Practices.

One may define the ideological goal of the human services in terms of the principle of normalization. This principle can be stated as follows:

> the use of methods and settings which are valued and familiar, to offer each person life conditions and opportunities which are at least as good as those of the average citizen, and as much as possible to enhance and support each person's behavior, status, and reputation. (Wolfensberger, 1972)

The principle of normalization implies that every person should have the option of having a home. Too often human service systems ask people to live in impersonal institutions or in community facilities which are distinctly unhomelike. Every person should be able to live in a comfortable setting which looks like, feels like, and is a valued home in the community. As much as possible, each person should be able to choose with whom to live, and as much as possible each person should be able to control the conditions of the home environment. All people should be enabled to individualize their home settings so that the home becomes truly their own.

The principle of normalization implies that adults should be treated as adults. Too often human service systems teach adults to act like children, out of well-meaning but misguided attempts to make life easier for groups who are faced with difficulties. As devalued people learn to act as they are taught, like children, a self-perpetuating pattern is set up. It is our responsibility to change this pattern and deal with people on a basis of respect by treating adults as much as possible as adults, and by helping the people with whom we work to see themselves in an age-appropriate light. Every adult should be encouraged to acquire mature possessions, to build a mature home environment, and to engage in mature activities to the greatest extent possible.

The principle of normalization implies that every person should be challenged and enabled to learn. Too often, human service systems have held low expectations for people, thus placing a low limit on the learning which could take place. Every person should have a strong, intensive, individualized learning program which will enable that person to gain more and more skills for more and more independence. Every person should be able to make her/his own choices as often as possible, even to take risks in decision-making. Instead of providing maximum shelter and protection for a person, we need to encourage growth and development by providing challenges to learning.

The principle of normalization implies that every person should be enabled to participate in the mainstream of community life as much as possible. Too often, human service systems have isolated people from the rest of society, removing participation and learning. Integration into the community will provide opportunities for learning more social skills for people who need to learn them, and it will provide a chance for people in general to learn that service consumers are more like other people than different from other people. Every person should be enabled to participate individually or in small groups in all the resources of our society.

To sum up, the essence of the principle of normalization is the opportunity for equality: every person should have the right to share equally in the benefits and difficulties of life in the human community. In our personal interactions and decisions as human service workers, and in our design of programmatic and systemic structures for service provision, we need to plan, act, and teach on that basis.

Jack Yates

1978

Myths About Developmental Disabilities

1. ***Able-bodied people have an obligation to help disabled people.***

2. ***People with epilepsy are poor employment risks.***

3. ***People with mental retardation remain children forever.***

4. ***Disabled people are happier with people like themselves.***

5. ***A physical impairment affects all other functioning.***

6. ***Businesses, libraries, schools, and churches have no obligation to build special accommodations for disabled people.***

7. ***Autistic people are better off in institutions.***

8. ***People who are mentally retarded have abnormally strong sex drives which they can't control.***

Facts About Developmental Disabilities

Able-bodied people have an obligation to let disabled people help themselves. Giving help when it isn't needed increases dependency.

About 80% of people with epilepsy achieve full or partial control of their seizures with drugs. Their rates of absenteeism, job performance, and intelligence compare favorably with the general population.

People who are mentally retarded are people first and deserve the same dignity and respect that we give others.

Segregation is limiting. Disabled people, like all others, want the choice of where and how to participate.

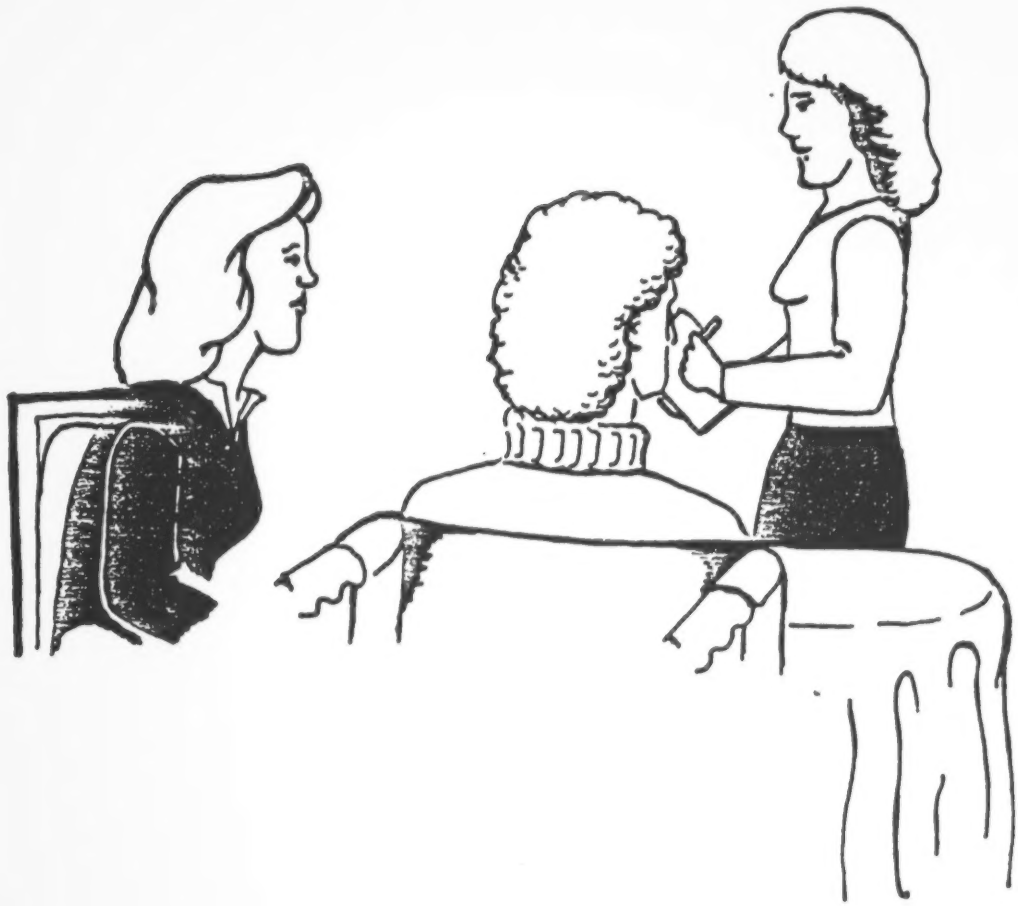
A physical handicap does not imply a mental handicap; even with handicaps, people function capably in social, interpersonal, and work situations.

Wheelchair users have equal rights to access. A facility which is accessible to disabled persons is more usable by all persons.

Autistic people do not generally make progress in institutions. They need individual attention 24 hours a day in a natural environment.

People who are mentally retarded have the same sex drives and the right and need to love as anyone else.

Mark, a paraplegic in a wheelchair, is seated in a restaurant with his advocate, Ann. The waitress comes to take their order and asks Ann, "What would he like to order?"



Identify the myth in this scene. _____

_____

What would you do if you were the advocate in this scene? _____

_____

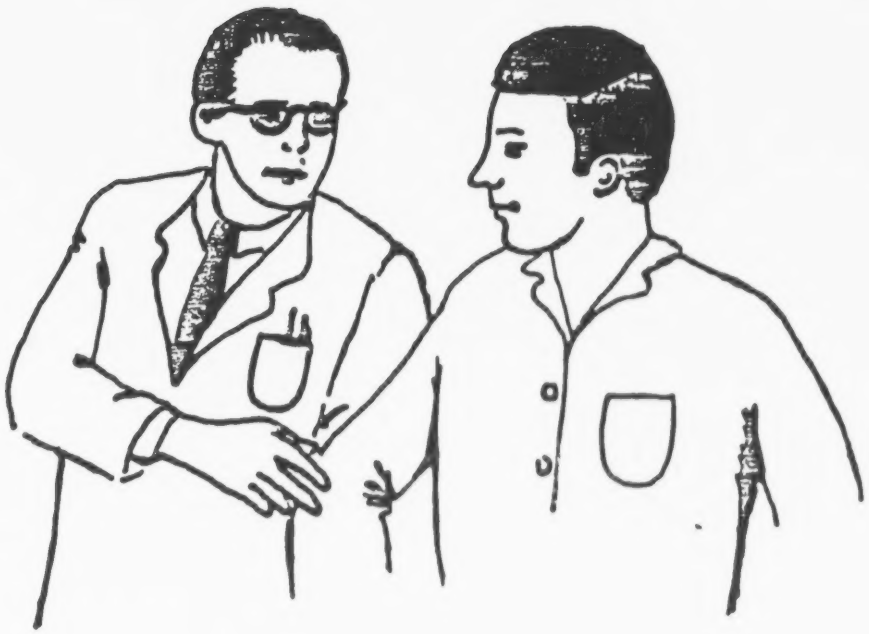
_____

How would you prepare a disabled person to deal with this problem? _____

_____

_____

Mr. Bill Todd is 28 years old and has Down's Syndrome. He is not feeling well and decides to call his doctor. Dr. Goodman says, "Billy, come into my office. Be a good boy and we will see what's the matter with you."



Identify the myth in this scene. _____

_____

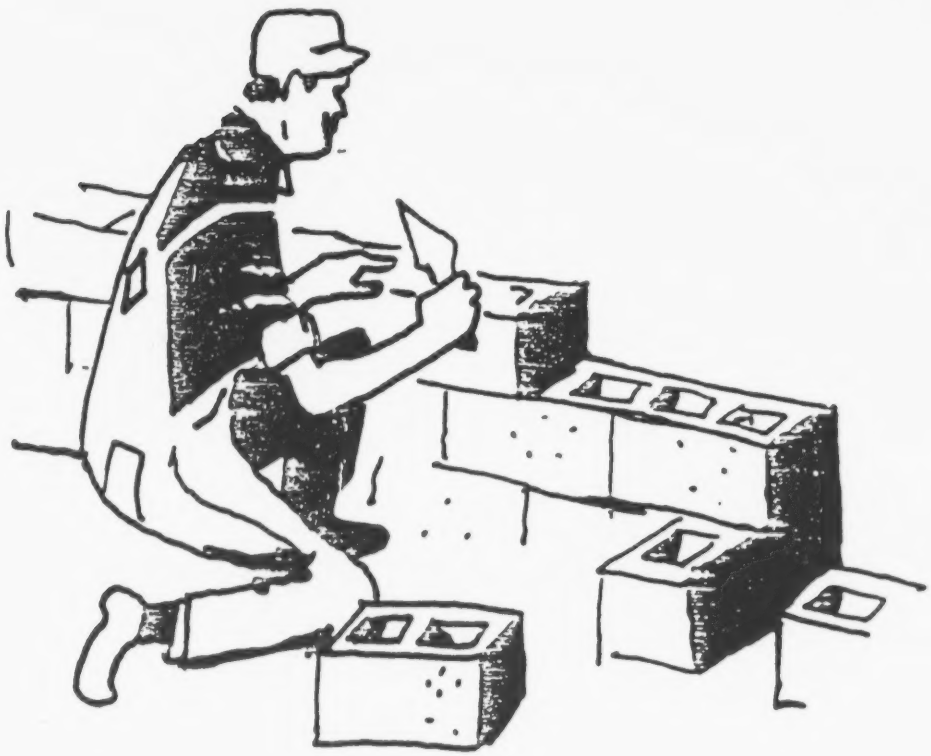
What would you do if you were this person's advocate? _____

_____

What could Mr. Todd do? _____

_____

Joe is looking for a job as a bricklayer. He has 7 years of experience as a bricklayer and has good recommendations. The personnel officer at the construction firm where Joe applies is enthusiastic at Joe's interview and indicates that a job offer is likely. Joe completes the application form, which includes a medical history. Joe admits that he has epilepsy but notes that he has had no seizures in 5 years, when he began drug therapy. Later the personnel officer calls Joe and says he cannot offer Joe the job of bricklayer but does offer a job as mortar mixer, with a wage of less than half the wage a bricklayer makes. Joe suspects this his epilepsy is the reason he didn't get the bricklaying job, but he needs a job and is inclined to accept the mortar mixer's job.



What is the myth in this story? _____

What would you do if you were Joe's advocate? _____

_____

_____

Jim and Joan Smith have a son with mild retardation, Charles, who is 16 years old. Joan Smith is visited by her neighbor, Mrs. Green. Mrs. Green tells Joan that she thinks the Smiths should put Charles in an institution because, now that he is older, he will only cause trouble in the neighborhood. Charles has no history of causing trouble and, in fact, is noted for being friendly and easy to get along with. Joan questions Mrs. Green more closely to find out what she means by "trouble." Mrs. Green tells her that she has heard that people who are retarded have abnormal sex drives and she is afraid that Charles will try to harm someone in the neighborhood.

Identify the myth in this scene. _____

_____

What would you do to help the Smith family if you were Charles' advocate? _____

_____

Fred has cerebral palsy and needs to wear a brace on one leg and use crutches in order to walk. One of his co-workers, Paul, always rushes around to open doors, get coffee, and rearrange chairs whenever Fred comes into the room.

Identify the myth in this scene. _____

_____

What does this scene tell you about being an advocate? _____

_____

Sandy enjoys bowling and went one night after work with a few women from her office. Afterwards, a bowler told Sandy that she would be better off joining the bowling league sponsored by the local Association for Retarded Citizens, because all her "friends" would be there. Sandy was very hurt. She just wanted to bowl and meet new people. The bowler's remark made her feel different, like she didn't belong.

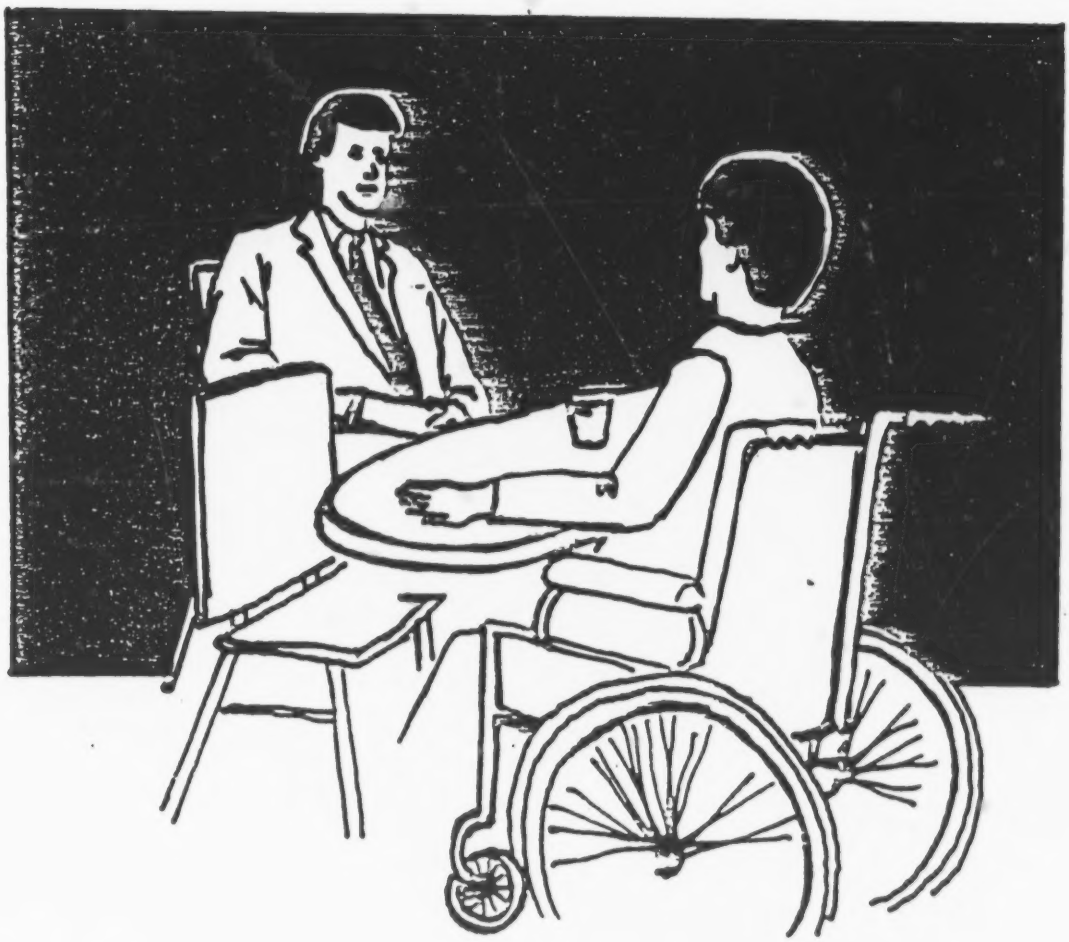
Identify the myth in this scene. _____

_____

What would you do if you were this person's advocate? _____

_____

David has been an occasional patron of The Coconut, a bar and discotheque, where he goes to socialize and meet potential dates. David, who uses a wheelchair, asks The Coconut's owner to build a ramp so that he can get in and out unassisted. The owner refuses, telling David that he should come to the bar with a friend or, if that's impossible, that any of The Coconut's management staff would be willing to help David inside.



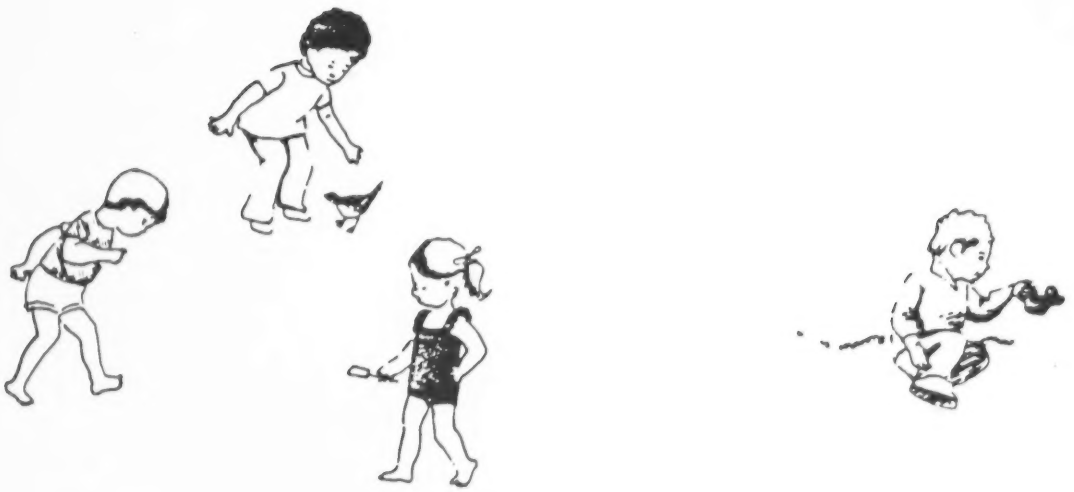
Identify the myth in this scene. _____

_____

What would you do if you were this person's advocate? _____

_____

Karl is an autistic 1-year-old boy. Karl's mother and father have tried to work with Karl on their own for 12 months, but they have become frustrated and exhausted. Karl is hyperactive as well as withdrawn and is often awake through the night. The doctor is urging the parents to place Karl at the state school, arguing that the school will have a trained staff to help Karl and other children like Karl for him to be with. Karl's parents are almost convinced.



Identify the myth in this scene. _____

_____

What would you do if you were Karl's advocate? _____

_____

EVALUATION

SESSION 2 - HISTORY OF ATTITUDES TOWARD PEOPLE WITH DEVELOPMENTAL DISABILITIES

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Lecture/discussion of "deviancy" and 8 role perceptions of the mentally retarded person's role in society	5	4	3	2	1
2. Group activity to relate situations described to the role perceptions	5	4	3	2	1
3. Lecture/discussion of the history of institutions and treatment of the "mentally retarded" in the U.S.	5	4	3	2	1
4. Film "Transitions" or "Three Generations" (circle one viewed)	5	4	3	2	1
5. Lecture/discussion of effects of history on current practices and treatment of people who have developmental disabilities	5	4	3	2	1
6. Oral reading and discussion of the normalization principle	5	4	3	2	1
7. Activity/discussion of myths and facts about developmental disabilities	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the content of this sessions?

Do you have any suggestions for changes in the way (materials, etc.) in which the information was presented in this session?

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INDIVIDUALIZED EDUCATION PLAN/INDIVIDUALIZED PROGRAM PLAN

Session Overview

Rationale

As volunteers working with handicapped individuals, it is quite conceivable that there will be instances where familiarity with the IEP or IPP will be necessary. These instances may include practice or work on community-based IEP or IPP objectives such as shopping or using public transportation, or recreational activities. In addition, a familiarity with the process of task analysis (commonly associated with the IEP and data-based teaching) may very well prove valuable to the volunteer in planning and modifying (when necessary) activities for the individual with whom he/she is matched.

Outcomes

1. The participants will be familiar with the rights of people with handicaps, the basic provisions of P.L. 94-142, and the principle of confidentiality. (HANDBOOK page 3-5.)

2. The participants will be familiar with the definition, purpose, format, contents, and goals of an IEP. (HANDBOOK page 6-8.)

3. The participants will be familiar with the concept of the community as an educational setting and as part of the learning process. (HANDBOOK pages 9-11.)

4. The participants will be familiar with task analysis. (HANDBOOK page 12.)

Activities

1. Review and discuss briefly, the rights of people with handicaps and the basic provisions of P.L. 94-142. (HANDBOOK page 3.) Review and discuss briefly, the statement of confidentiality; read and sign the Volunteer Confidentiality Agreement. (HANDBOOK pages 4-5.)

2. Review and discuss the definition, purpose, format, contents, and goals of the IEP. (HANDBOOK page 6-8.)

3. Review and discuss the concept of the community as an educational and social setting.

4. Review and dicuss the learning process (HANDBOOK, pages 9-11) and the concept and process of task analysis.

5. Review and discuss briefly, the concept and process of task analysis. (HANDBOOK page 12.)

6. Evaluate training session. (HANDBOOK page 13.)

THE RIGHTS OF PEOPLE WITH HANDICAPS

Advocates are responsible for being knowledgeable about the rights of disabled people and for sharing that knowledge with their disabled friends. Whenever possible, the handicapaped member of an advocacy relationship should be helped to take full responsibility for the exercise of his rights, but when necessary, the advocate must represent his/her interests for him/her.

1. A person who is developmentally disabled generally has the same rights as other citizens of the same country, for example, the right to vote, the right to privacy, the right to freedom of speech, and the right to due process protections.

2. Adults who are physically or mentally handicapped have the right to make their own decisions and manage their own property unless they have been placed under guardianship by a court. Total guardianship should only be considered when less restrictive alternatives are clearly inadequate. For most developmentally disabled people, assistance from family and friends, perhaps in conjunction with provision for a representative payee or a limited guardian, provides enough protection without depriving them unnecessarily of their rights.

3. Anti-discrimination laws have been passed in recent years to ensure that citizens are not deprived of their rights simply because they are handicapped. Two of the most important of these laws are generally referred to as Section 504 (of the Rehabilitation Act of 1973) and P.L. 94-142. Section 504 guarantees that "No otherwise qualified handicapped individual...shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." P.L. 94-142 guarantees that all children and young people with special needs have the right to a free, appropriate public education in the least restrictive environment. This law ensures that students with handicaps have individually designed educational plans (IEPs) and that they are eligible for public education.

4. In addition to these guarantees that citizens cannot be discriminated against simply because they are handicapped, there are special programs designed to aid those whose disabilities prevent them from being self-supporting. These programs provide financial assistance, medical insurance, and vocational training and, in many cases, are what is called "entitlement programs", that is, government dollars are appropriate for these programs.

5. Finally, handicapped individuals have all the same basic human rights that the rest of us do. They have the right to marry and raise children (unless, as is true for anyone, the courts intervene), and the right to participate in all aspects of community life.

SPECIAL EDUCATION STATEMENT OF CONFIDENTIALITY

RELEASE OF INFORMATION ABOUT OR CONCERNING AN INDIVIDUAL RECEIVING SPECIAL EDUCATIONAL SERVICES MUST BE AUTHORIZED BY THAT PERSON OR HIS/HER GUARDIAN.

VOLUNTEERS FOR FAMILIES

VOLUNTEER CONFIDENTIALITY AGREEMENT

I accept the privilege of access to relevant information concerning an individual and family, with the understanding of the confidentiality of the information which they provide. Under no circumstances shall I duplicate, offer in writing, or talk about this information to unauthorized or uninvolved persons. I fully understand that knowledge of the information about a family to whom I offer my services is only for the purpose of providing the individual and family with those volunteer services agreed upon by myself and the family. Given the principle that every citizen has the right to privacy, I further understand that the information is to be considered personal and private and should in no way be used in a prejudicial or judgemental manner.

_____
Signature

_____
Date

(Adapted from Surrogate Parent Program Confidentiality Agreement)

SAMPLE IEP

Individualized Education Plan/Transition Plan

Learner's Name: JOHN JONES Class: SECONDARY-TMR

Birth Date: APRIL 10, 1968 School: LISBOA HIGH SCHOOL

Date: SEPTEMBER 5, 1985 Teacher: MARY SMITH

SERVICES:	DATE INITIATED	DURATION
Speech (consulting)	9/1/85	ongoing
Vocational Training	9/1/85	ongoing
Residential Counseling	9/1/85	ongoing
Community Training	9/1/85	ongoing

EXTENT OF PARTICIPATION IN REGULAR EDUCATION:

John participated in all of the following regular educational activities with nonhandicapped peers: Lunch (daily), gym (daily), music (3 times/week) and assemblies.

JUSTIFICATION FOR REMOVAL FROM REGULAR EDUCATION:

John was placed in a year round special education program located at a regular high school. It was decided by all cncerned (including parents) that he needed the individualized and intensive programs available through special education classes.

PARTICIPANTS IN THE IEP/TRANSITION PLAN PLANNING MEETING:

STUDENT	RESIDENTIAL COUNSELOR
PARENTS	SPEECH/LANGUAGE CONSULTANT
SPECIAL EDUCATION TEACHER	FUTURE APARTMENT SUPERVISOR
VOCATIONAL TRAINER	PRINCIPAL
COMMUNITY TRAINER	SPECIAL EDUCATION ADMINISTRATOR

This plan will be reviewed and revised if needed in December 1985 March 1986 and June 1986.

STUDENT PROFILE:

John is a 17 year old teenager. He used some speech, however, people who don't know him have difficulty understanding him. Therefore, he also used pictures when communicating with people in the community. John is ambulatory, but walks with an unsteady gait. He has limited use of his left hand.

CURRENT LEVEL OF FUNCTIONING

Informal observation, parent and future supervisor interviews, ecological analysis and formal assessment tools were used to delineate the learner's needs in his current and, more important, future (1 year) environment. Listed below are the domains in which the most high priority needs fall and John's current level of functioning on the essential activities within each domain.

DOMESTIC

Shopping: Much experience from shopping with his mother

-independently obtains and pushes cart, loads items, unloads items onto check-out counter.
-recognizes most common foods by the label (package)
-identifies numbers 1-100, and can count out dollar bills.
-can read price tags/cash register receipts
-able to give correct dollar amount (one dollar more) up to two dollars and wait for change.
-unable to give correct amount for totals of more than two dollars.

Cooking:

-independently locates items on picture recipe card.
-unable to independently initiate starting meals
-independently uses utensils such as spoons, bowls, pans.
-unable to independently utilize measuring spoons, cups.

RECREATION/LEISURE

Bowling:

-able to take turns
-enjoys bowling, yet needs physical assistance with each step

Music:

-able to push "play" button on cassette tape recorder.
-unable to insert tape correctly.

VOCATIONAL

Time Telling:

-able to tell time to the hour.
-unable to tell time to ½ hour or minutes.
-unable to tell mealtimes, time to start or stop work.

Money Management:

-able to sign his name and endorse paycheck.
-has minimal experience in banking with his family, assistance needed with each step.

Bussing Tables:

-able to collect trays from tables.
-able to wipe tables.
-able to empty trays and put dishes and trash in appropriate areas.
-unable to remove full garbage bags and replace them with empties.
-needs cue to slide piles of trays and dishes to dishwasher.
-working at 30% of competitive employment rate for this job.

COMMUNITY FUNCTIONING

Fast Food Restaurant Use:

-slow ordering.
-unable to order more than one item (he becomes nervous and confused).
-able to discriminate price up to $2, give correct dollar amount and wait for change (see shopping).
-unable to do the above over $2.
-able to carry tray to empty table, sit down and eat, and throw trash away independently.

Activity: Shopping

ANNUAL GOAL: John will go to a grocery store with a picture grocery list and purchase up to $10 worth of items.

SHORT TERM OBJECTIVES	MATERIALS	DATE COMPLETED
1. By Dec. 1, given the classroom setting and an indication of amount due, John will count out correct dollar amount (one dollar more) within 20 seconds and wait for change 9 of 10 trials on 4 consecutive occasions (up to $5).	Picture shopping list, dollar bills, amount due indicators, change	
2. By March 1, same as above but in grocery store		
3. By June 1, given items purchased at grocery store, and statement of amount due made by cash register/cashier, John will count out correct dollar amount within 30 seconds on 9 of 10 trials on 5 consecutive occasions (up to $10).		

Activity: Cooking

ANNUAL GOAL: Using picture recipe cards, John will prepare breakfast, lunches and suppers at home, school and in his supervised apartment.

SHORT TERM OBJECTIVES

1. By Dec. 1, given a kitchen at school, home or supervised apartment, John will, by matching, turn stove on to the temperature indicated in picture recipe and cook 3 recipes which use only the stove, within the time limit on the recipe with 100% accuracy on 5 consecutive occasions.	Kitchen, items needed in recipes, picture recipe book, measuring cup and other utensils
2. By Dec. 1, given a recipe book and cup measure, John will match cup measure to picture and use correct amount of ingredients indicated, within 30 seconds with 100% accuracy on 5 consecutive occasions.	
3. By March 1, given a kitchen at school, home or supervised apartment and a picture recipe book, John will, by matching, turn oven to correct temperature and cook 3 recipes using only the oven, within time limit on recipe with 100% accuracy on 5 consecutive occasions.	
4. By June 1, given a kitchen at school, home or supervised apartment, John will cook any of the recipes in the picture recipe book within the time limits indicated with 100% accuracy on 5 consecutive occasions.	

ACTIVITY	TRAINING LOCATION	PERSONNEL	TIME	INTERVENTION	RATIONALE
Domain: Domestic					
Shopping	School Grocery Store	Teacher/aide Community trainer Parents	Daily programming of related skills 2x/week at store With family occasionally	1:1 instruction Small group	Expected in future living environment
Cooking	School Home Supervised apartment	Teacher/aide Peer tutors Residential counselor	2x/week	1:1 instruction Small group	Essential skills for independent living

FIND OUT HOW YOUR FRIEND LEARNS BEST

1. IMITATING	"Do what I do"
2. VERBAL CUES	"Put your shirt on"
3. PHYSICAL PROMPTS	Place your hand over his/hers and guide him/her through motions of task

* IT TAKES TIME TO LEARN A NEW TASK
* DON'T GET FRUSTRATED!
* TAKE YOUR TIME AND KEEP ON TRYING

MAKE SURE THE LEARNER PAYS ATTENTION

1. Make activities fun and interesting

2. Be certain the learner looks and listens to instructions

3. Reward the learner for attending (praise, hugs)

GOAL	ACTIVITY	LOCATION (Where you would do it)	MATERIALS	ADAPTATIONS

IEP WORKSHEET

SAMPLE TASK ANALYSIS - USING A FAST FOOD RESTAURANT

1. Assume place in line
2. Waits quietly, not touching others
3. Moves to counter
4. Responds to counter person - "I want (item)
5. Waits for food to be placed on tray
6. Picks up tray from counter
7. Walks to eating area carrying tray
8. Spots empty table
9. Walks to table
10. Sits down at table
11. Opens food
12. Removes paper and puts straw in drink
13. Eats/drinks quietly
14. Cleans up table when finished
15. Throws trash away
16. Returns tray to stack
17. Locates exit

EVALUATION

SESSION 3 - IEPs/IPPs

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Review/discussion of rights of people with disabilities and P.L. 94-142, Statement of Confidentiality	5	4	3	2	1
2. Review/discussion of definition, purpose, format, etc. of IEPs/IPPs	5	4	3	2	1
3. Review/discussion of the concept of the community as an educational setting and the learning process	5	4	3	2	1
4. Review/discussion of the concept and process of task analysis	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the content of this sessions?

Do you have any suggestions for changes in the way (materials, etc.) in which the information was presented in this session?

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INTEGRATED RECREATION
Session Overview

Rationale

The major focus of this program is to support handicapped individuals and their families by providing volunteer companionship. Given this focus, it follows that volunteers will most often be involved in some type of recreational or leisure activity with their friend. Therefore, training in identifying and accessing recreational or leisure options within their own homes and communities is a very significant part of the overall training given to volunteers.

Outcomes

1. The participants will be familiar with the benefits of recreation in the community.
2. The participants will be familiar with guidelines for selecting activities.
3. The participants will be familiar with strategies to consider when preparing activities.
4. The participants will be familiar with reasons for adapting activities and methods to do so.
5. The participants will be familiar with teaching techniques.

Activities

1. Brainstorm: Benefits we receive from recreation.
2. Review and discuss the benefits of recreation in the community for handicapped and nonhandicapped individuals. (HANDBOOK page 3-4.)
3. "Kids on the Block" (optional).
4. Review and discuss the guidelines for selecting activities. (HANDBOOK page 5.)
5. Review and discuss the strategies to consider when preparing for activities. (HANDBOOK page 6.)
6. Review and discuss the important factors in adapting activities and the methods to do so, (HANDBOOK page 7-8), and complete "Adapt the Activity" worksheet, (HANDBOOK, page 9).

7. Review and discuss appropriate teaching techniques: reinforcement, levels of assistance, and task analysis, (HANDBOOK, pages 10-12), and complete activity "A Million Directions".

8. Evaluate session (HANDBOOK, page 13).

Recreation is what we do to refresh and reward ourselves after a hard day of work. It is a chance for us to play, to be creative, to get exercise or to relax. Everyone needs recreation.

THE BENEFITS OF RECREATION IN THE COMMUNITY

Participation in recreational activities provides opportunities to:

make friends

improve physical fitness

increase skills

build self-concept

develop self-expression

develop leadership skills

be a part of the community

Participation in recreational activities which take place in one's community offers many additional benefits for individuals with handicaps. Some of these benefits include:

Acceptance. Participation in activities in the community can build acceptance. Acceptance into the community is a gradual process that develops as individuals become familiar with each other. All of us have experienced this process at one time or another. Individuals with handicaps (just like other individuals) develop feelings of increased self-worth and self-esteem as they begin to feel accepted by other members of the community.

Social Interaction With Nonhandicapped Peers. Community recreational activities provide the opportunity to interact with other members of the community. These opportunities for social contact may result in the development of new friendships and may also lead to improved social interaction skills (such as learning to

share, take turns and cooperate) that would apply to other situations as well.

Role Models. Recreational activities in the community provide opportunities for individuals with handicaps to learn social skills and appropriate behaviors by watching and imitating the behaviors of others.

Increased Independence. Integrated recreational activities promote individual growth and independence. Participating in community activities can enhance an individual's motivation for becoming independent as he/she begins to experience feelings of self-worth and competence.

Increased Opportunities. Consideration of integrated activities opens up many new opportunities and greatly increases the chances for an individual with handicaps to find activities that meet his/her individual needs. Integration into the community can eliminate the necessity of settling for a program which does nothing more than give an individual something to do or someplace to be.

Participation by an individual with a handicap in community recreational activities also has benefits for members of the community who are nonhandicapped:

Increased Acceptance of Individual Differences. Learning to accept individual differences is a valuable experience for anyone. It is natural to have fears and misconceptions about things that are unfamiliar. Integration provides the opportunity for fears and myths to be dispelled, and for people to recognize value in others who are different.

Development of Social Interaction Skills. Social interaction skills need to be learned by all members of the community, not just individuals with handicaps. Direct contact provides the best opportunity for people to learn how to interact and to feel comfortable with others who may be different from them.

GUIDELINES FOR SELECTING ACTIVITIES

A. THE LEARNER'S PREFERENCE	What skills are already demonstrated?
B. THE LEARNER'S CAPABILITIES	What are the student's capabilities and educational needs?
	Emphasize abilities, not inabilities.
C. AGE-APPROPRIATENESS	Are the activities that have been selected the type of activity that nonhandicapped peers might engage in?
D. FAMILY RESOURCES	What are the family's resources -- transportation, finances?
E. FAMILY SUPPORT	What persons are available in the home or neighborhood to reinforce the development of these skills?
F. PHYSICAL BARRIERS	What skills are necessary to use resource? Any architectural barriers?
G. OTHER CONSIDERATIONS	What toys or games are available?
	Are funds available to purchase art supplies, tickets, toys, etc?
	Does learner have a record player, radio, or video game?
	How close is the nearest park or community center?
	Does student interact with neighborhood kids?
	Are there church activities that you could attend together?

STRATEGIES TO CONSIDER WHEN PREPARING ACTIVITIES

1. PLAN AHEAD. Have some idea of what you'd like to do, yet remain flexible -- parents may have some definite ideas plus, some of the most rewarding and exciting elements of an activity are those which are unplanned.

2. BE REALISTIC. A physically handicapped learner will not be able to run a 50-yard dash on two feet. However, she/he might be able to do the same dash on four wheels if given the opportunity.

3. DO NOT BE LIMITED. Don't allow what you already think the learner or you are capable of to limit the possible activities.

4. USE INDEPENDENT THOUGHT AND ACTION. Plan to use as much independent thinking and doing as you can. Too many developmentally disabled individuals are still told about what rain is like, but not allowed to let if fall on them.

5. BE AN ENABLER. Arrange activities so that you can allow the learner to do as much as possible by himself. Give help only when he/she really needs it.

6. EVALUATE. Write down in your log what you did, what the learner did and how you feel the activity went overall. You might add suggestions for next time to make things go more smoothly.

7. HAVE FUN! Your enthusiasm and enjoyment will have an effect on your learner's reaction to the activity.

WAYS OF ADAPTING ACTIVITIES

As a volunteer, you may find that some recreational skills seem to be "too difficult" for the individual when you are matched. In this case, adapting the activity to make it more manageable for that person may be considered. Usually, an activity is adapted because there is some obstacle that seems to prevent him/her from participating as fully as possible. Some common obstacles are often related to:

physical mobility

communication

ability to handle equipment

Adapting an activity involves changing the way in which the activity is usually done. Recreational activities can be adapted in the following ways:

Adapting or creating materials and equipment to best suit individual needs

Modifying environmental conditions to enhance participation

Modifying rules and procedures

The goal of any adaptation is to increase an individual's ability to participate in an activity as independently as possible. A few guidelines need to be considered when adapting activities:

Adapt activities to increase participation, success, and enjoyment.

Adapt only when necessary.

Adapt, but try to work towards a "normal" way of performing the activity.

Adaptations should be viewed as temporary changes.

Adapt on an individual basis. An adaptation for one person may not be appropriate for another.

EXAMPLES OF HOW ACTIVITIES CAN BE ADAPTED

ACTIVITY	OBSTACLE	ADAPTATIONS
Tic - Tac - Toe (Using pencil & paper)	Individual cannot write	ADAPT MATERIALS Use a tic-tac-toe board with large, easy-to-grasp X' & O's.
Kickball	Individual is in a wheelchair	MODIFY THE RULES Individual can use wheelchair to push the ball. ADAPT MATERIALS Attach an extension onto the side of the wheelchair to use to "kick" the ball.
Swimming	Individual cannot dress and undress independently	MODIFY PROCEDURES Individual can dress at home and come to the program in her suit.
Basketball	Individual cannot reach the hoop	MODIFY THE RULES & ADAPT MATERIALS Lower the hoop.
Bowling	Individual is blind	MODIFY THE ENVIRONMENT Set up a guiderail on the bowling alley.
Eating at a restaurant	Individual does not communicate verbally and therefore cannot order independently	MODIFY PROCEDURES Individual orders independently using picture cards.

ADAPTING ACTIVITIES
WORKSHEET

DESCRIPTION OF THE ACTIVITY	OBSTACLE	ADAPTATION

Teaching Technique

An individual's experience in a recreational activity may include learning many new activities as well as social skills. It is important for you, as a volunteer, to find out how that child learns best and the most effective ways to teach the activity.

Providing reinforcement

Providing only as much assistance as necessary

Breaking the activity into smaller steps and teaching one step at a time (task analysis)

Providing Reinforcement

Everyone needs a little reinforcement now and then to let them know that their efforts are noticed and appreciated. A reinforcer is something pleasurable that happens in response to an individual's actions. Reinforcement can be provided in a variety of ways. Two specific categories of reinforcement are described below:

Verbal Praise. Giving someone verbal praise involves telling them they have done a good job. It is helpful to be specific about the action or behavior that prompted praise. In this way the individual knows exactly what he/she has done that was "good", and is more likely to do it again.

Material Rewards. Sometimes a material reward such as food, a gold star, money, or even a special trip to a favorite restaurant or a movie can be very reinforcing. It is wise to use material rewards sparingly. Otherwise, an individual may learn to depend on them too much.

EXAMPLE OF TASK ANALYSIS

THE FOLLOWING IS AN EXAMPLE OF HOW BOWLING CAN BE BROKEN DOWN INTO SMALL EASY-TO-LEARN STEPS.

STEP 1 : PICK UP BOWLING BALL BY PLACING FINGERS IN THE HOLES AND LIFTING.

STEP 2 : WALK UP TO THE LINE ON THE BOWLING LANE, CARRYING THE BOWLING BALL.

STEP 3 : SWING ARM BACK HOLDING ONTO THE BOWLING BALL.

STEP 4 : SWEEP ARM FORWARD AND RELEASE THE BALL DOWN THE BOWLING LANE AIMING FOR THE CENTER PIN AT THE END OF THE LANE.

STEP 5 : WAIT UNTIL THE BALL REACHES THE END OF THE LANE.

STEP 6 : REPEAT STEPS 1 - 5, IF THERE ARE STILL PINS UP AT THE END OF THE LANE.

STEP 7 : RETURN TO SEAT AND WAIT FOR NEXT TURN.

By using reinforcement to various levels of assistance, an individual can be taught each step and will acquire the skill at his/her own pace.

LEVELS OF ASSISTANCE

1. VERBAL REMINDER OR GESTURE.
2. DEMONSTRATION OR MODELLING OF DESIRED BEHAVIOR.
3. PHYSICAL ASSISTANCE.

EXAMPLE: PICKING UP A BOWLING BALL.

STEP 1 : Wait a few seconds to see if the participant picks up the bowling ball by him/herself.

STEP 2 : VERBAL REMINDER - "Pick up the ball, Joe".

STEP 3 : DEMONSTRATION OF MODEL - "Look Joe, like this". Demonstrate how to pick up the ball and encourage the participant to imitate you.

STEP 4 : PROVIDE PHYSICAL ASSISTANCE - Place the participant's hand on the ball and assist him/her to pick it up. Give praise for cooperation.

EVALUATION

SESSION 4 - INTEGRATED RECREATION

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Brainstorm benefits we receive from recreation	5	4	3	2	1
2. Review/discuss benefits of recreation in the community	5	4	3	2	1
3. "Kids-on-the-Block" (optional)	5	4	3	2	1
4. Review/discussion of guidelines for selecting activities	5	4	3	2	1
5. Review/discussion of the strategies to consider when preparing for activities	5	4	3	2	1
6. Review/discussion of important factors in adapting activities and the methods to do so	5	4	3	2	1
7. "Adapt the Activity"	5	4	3	2	1
8. "A Million Directions"	5	4	3	2	1
9. Review/discussion of appropriate ways to teach new activities	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the content of this sessions?

Do you have any suggestions for changes in the way (materials, etc.) in which the information was presented in this session?

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COMMUNICATION

Session Overview

Rationale

The success (or failure) of most human interactions is highly dependent upon the clarity with which we communicate. Unclear or incomplete communications can lead to unrealistic expectations, decreased problem solving abilities, unfulfilled needs, frustration, and generally decreased satisfaction with interpersonal relationships. Consequently, communication skills are an important topic to be covered to insure the success of volunteer relationships.

Outcomes

1. The participants will be familiar with the technique of active listening.
2. The participants will be familiar with a process for problem solving.
3. The participants will be familiar with the processes of giving and accepting negative feedback and giving positive feedback.

Activities

1. Review, practice and discuss the technique of active listening. (HANDBOOK page 2.)
2. Review, role play, and discuss a technique for problem solving. (HANDBOOK page 4.)
3. Review, role play, and discuss the process of accepting negative feedback. (HANDBOOK page 11.)
4. Review, role play and discuss the process of giving negative feedback. (HANDBOOK page 12.)
5. Review, role play, and discuss the process of giving positive feedback. (HANDBOOK page 13.)
6. Evaluate session. (HANDBOOK page 14.)

ACTIVE LISTENING

Impression = Expression

1. Feedback
2. Confirmation
3. Correction
4. Communicates Acceptance

   I hear what you are feeling

   I understand how you are seeing things now.

   I see you as you are right now.

   I am interested and concerned.

   I understand where you are now.

   I have no desire to change you.

   I do not judge or evaluate you.

   You don't have to feel afraid of my censure.

CUES TO EXISTENCE OF A PROBLEM

- Being unusually uncommunicative
- Sulking
- Avoiding you
- Missing scheduled appointments or meetings
- Not smiling as much as usual
- Daydreaming
- Being late for scheduled appointments or meetings
- Looking downcast or depressed
- Being sarcastic
- Slouching

SIX STEPS OF PROBLEM SOLVING

1. Identify and define the problem.
2. Generate at least three (3) possible solutions.
3. Evaluate all the possible solutions.
4. Choose one.
5. Implement the chosen solution.
6. Evaluate the implemented solution.

OPENING STATEMENTS

"I'm really upset."

"I should have stayed in bed today."

"I don't care."

"That teacher (school, coordinator) is driving me crazy."

"It doesn't really matter."

"I guess this is just one of those days."

"I just wish people would leave me alone."

"How do they expect me to be involved when I don't know anything about special education (speech, physical therapy, etc.)?"

"Sometimes I just feel like giving up."

"I cannot stand her."

DOOR OPENERS

- "Would you like to talk about it?"
- "Can I be of any help with this problem?"
- "I'd be interested to hear how you feel?"
- "Would it help to talk about it?"
- "Sometimes it helps to talk."
- "I'd sure like to help if I can."
- "Tell me about it."
- "I've got the time if you have. Want to talk?"

ROADBLOCKS

1. **Ordering, Directing, Commanding**

   - o You must do this.
   - o You cannot do this.
   - o I expect you to do this.
   - o Stop it.
   - o Go apologize to her.

2. **Warning, Admonishing, Threatening**

   - o You had better do this, or else...
   - o If you don't do this, then...
   - o You better not try that.
   - o I warn you, if you do that...

3. **Moralizing, Preaching, Imploring**

   - o You should do this.
   - o You ought to try it.
   - o It is your responsibility to do this.
   - o It is your duty to do this.
   - o I wish you would do this.
   - o I urge you to do this.

4. **Advising, Giving Suggestions or Solutions**

   - o What I think you should do is...
   - o Let me suggest...
   - o It would be best for you if...
   - o Why not take a different approach?
   - o The best (obvious) solution is...

5. **Persuading with Logic, Lecturing, Arguing**

   - o Do you realize that...
   - o The facts are in favor of...
   - o Let me give you the facts.
   - o Here is the right way.
   - o Experience tells us that...

6. **Judging, Criticizing, Disagreeing, Blaming**

   - o You are acting foolishly.
   - o You are not thinking straight.
   - o You are out of line.
   - o You didn't do it right.
   - o You are wrong.
   - o That is a stupid thing to say.

7. **Praising, Agreeing, Evaluating Positively, Buttering-Up**

   - o You usually have very good judgement.
   - o You are an intelligent person.
   - o You have so much potential.
   - o You've made quite a bit of progress.
   - o You have always made it in the past.

8. **Name-calling, Ridiculing, Shaming**

   - o You are a sloppy worker
   - o You are a fuzzy thinker.
   - o You're talking like an engineer.
   - o You really goofed on this one!

9. **Interpreting, Analyzing, Diagnosing**

   - o You're saying this because you're angry
   - o You are jealous.
   - o What you really need is...
   - o You have problems with authority.
   - o You want to look good.
   - o You are being a bit paranoid.

10. **Reassuring, Sympathizing, Consoling, Supporting**

    - o You'll feel differently tomorrow.
    - o Things will get better.
    - o It is always darkest before the dawn.
    - o Behind every cloud there's a silver lining.
    - o Don't worry so much about it.
    - o It's not that bad.

11. **Probing, Questioning, Interrogating**

    - o Why did you do that?
    - o How long have you felt this way?
    - o What have you done to try and solve it?
    - o Have you consulted with anyone?
    - o When did you become aware of this feeling?
    - o Who has influenced you?

12. **Distracting, Diverting, Kidding**

    - o Think about the positive side.
    - o Try not to think about it until you're rested.
    - o Let's have lunch and forget it.
    - o That reminds me of the time when...
    - o You think you've got problems!

STEPS TOWARD PROBLEM SOLVING

1. Try and **remain calm.**

2. First try to decide **what exactly is the problem.**

3. Try to **think** of at least three different **solutions** to the problem. If you can't think of enough solutions, ask someone to help you.

4. **Think** of the **results** of each solution --- what will happen if you use it. In evaluating the results of each solution, consider: a) how others will react, b) the immediate good and bad results, and c) the long-term good and bad results.

5. **Decide** on the most desirable **results** --- the most good and least bad results.

6. **Choose** the **solution** which leads to these results. You may need to combine solutions to get the results that you want, so be ready to do this.
7. **Figure out** the **steps** for achieving this solution, the actual behavior you will follow.

8. If the first solution does not work, pick the **second best solution** and **figure out** the **steps** for achieving it.

PROBLEM SOLVING WORKSHEET

Problem: _____

_____

_____

First Solution: _____

Good Results: _____ Bad Results: _____

_____

Second Solution: _____

Good Results: _____ Bad Results: _____

_____

Third Solution: _____

Good Results: _____ Bad Results: _____

_____

Which results are most important to you? _____

_____

Which results do you want to avoid? _____

_____

Which solution or compromise solution will give you the most good and least bad results?

_____

What are the steps in this solution? _____

_____

ACCEPTING NEGATIVE FEEDBACK

1. Face the person.
2. Keep eye contact.
3. Keep a neutral facial expression.
4. Keep a normal voice tone.
5. Keep a straight posture.
6. Stay near the person; don't move away.
7. Listen closely to the person so that you will know what he/she is saying. Remember to give head nods and say, "mm-hmm" and "yeah".
8. If you do not understand what the person said, ask for clarification.
9. If you agree with what the person said, apologize and either say that you understand why he/she is upset or ask for suggestions.
10. If you don't agree with the negative feedback, say that you understand, then ask permission to tell your side and tell your side, with facts.
11. If the person is an authority figure, accept the negative feedback, even if you don't agree. If the person is not an authority figure, you will have to decide whether to take the criticism. In making this decision, consider the importance of the person to you and also the importantance of giving the negative feedback. If you do not accept the criticism, thank the person for his/her concern and say that you will think about it.
12. Remember to stay calm; if you are very upset, count to 10 before you say anything.
13. Do not interrupt when the other person is speaking.

GIVING NEGATIVE FEEDBACK

1. Face the person.
2. Keep eye contact.
3. Keep a serious facial expression.
4. Use a serious voice tone.
5. Keep a straight posture.
6. Ask if you could talk to the person for a moment.
7. First say something positive about the person.
8. Tell the person how you feel or what you think he/she did wrong.
9. Give the person a reason for changing.
10. Ask if the person understood what you said.
11. If the person did not understand, explain again.
12. Ask how the person feels.
13. Give the person suggestions for changing.
14. Thank the person for listening to you.
15. Change the topic to something else.
16. Throughout, be sure to tell the person that you are concerned about him/her or you understand how he/she feels.
17. Throughout, do not "put down" the other person.

GIVING POSITIVE FEEDBACK

1. Face the person.
2. Keep eye contact.
3. Smile when you are talking.
4. Use an enthusiastic voice.
5. Keep a relaxed posture.
6. Give the person the feedback --- "Thanks for..." or "I like..."
7. Wait for the person to respond.
8. If the person responds positively, you can use that response to lead into a conversation. "What do you think...?" If the person responds negatively, you can briefly restate the compliment or say "thanks" and then change the subject. "Well, anyway, thanks for... Do you want to..."
9. Throughout, make sure that your positive feedback is sincere, not sarcastic or dishonest.

EVALUATION

SESSION 5 - COMMUNICATION

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Review/practice/discussion of active listening	5	4	3	2	1
2. Review/role play/discussion of problem solving techniques	5	4	3	2	1
3. Review/role play/discussion of process of accepting and giving negative feedback, and giving postive feedback	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the <u>content</u> of this sessions?

Do you have any suggestions for changes in the <u>way</u> (materials, etc.) in which the information was presented in this session?

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EMERGENCY HANDBOOK/DIRECTORY.....Pocket of Handbook

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PROGRAM AND EMERGENCY PROCEDURES

Session Overview

Rationale

Medical emergencies are a possibility for all of us, but handicapped individuals are often at a somewhat higher degree of risk than the general population. Some familiarity with emergency procedures is important in the event that such an occasion should arise, but also, to make the volunteer feel more confident on all occasions that he/she shares with his/her friend.

Outcomes

1. Participants will be familiar with the function and format of the Important Information Form.
2. Particpants will be familiar with emergency medical procedures with regard to summoning an ambulance and the management of choking and seizures.
3. Participants will be familiar with the process followed by VFF staff to recruit, train and match volunteers and children and youths with handicaps.
4. Participants will be familiar with tax issues and insurance affecting volunteers.

Activities

1. Lecture/discussion on the VFF process.
2. Lecture/discussion pertaining to the function and format of the Important Information Form.
3. Lecture/discussion on emergency medical procedures as covered in Emergency Handbook/Directory
    a. Ambulance - page 4
    b. Choking - page 9-11 (Modeling/practice of Heimlich maneuver)
    c. Convulsions - page 14-15
4. Modelling/practice of Heimlich maneuver.

5. Lecture/discussion of tax recordkeeping and deductions and insurance for volunteers

6. Evaluate session (HANDBOOK, p.13)

VOLUNTEERS FOR FAMILIES

IMPORTANT INFORMATION FORM

Directions to Parents:

Please complete the Emergency Numbers, Emergency Care Permission, Recreation and Education, and Communication sections below along with any of the other sections which you think apply to your son/daughter. If there is any information which you not want to have on paper but wish to convey to the volunteer, feel free to inform her/him verbally.

Your son/daughter's name _____

EMERGENCY NUMBERS

Telephone Numbers for:

Home _____ Nearest neighbor/relative _____

Ambulance _____ Police _____ Doctor _____

Hospital Emergency Facility _____

Insurance Numbers:

Social Security Insurance _____

Medicaid _____

Other Insurance _____

EMERGENCY CARE PERMISSION

I, the parent or guardian of _____
(name of learner)

give permission to _____
(name of volunteer)

to take my child to _____
(doctor)

_____ given an emergency situation.
(hospital)

_____
(Signature of parent or guardian)

_____
(Date)

RECREATION AND EDUCATION

1. My son/daughter's favorite activities at home and in the neighborhood are:

2. My son/daughter's favorite activities in the community are:

3. New community and recreational activities I would like my son/daughter to get involved in include:

4. Places I prefer my son/daughter not to visit or attend include:

5. When teaching my son/daughter something new, the following techniques are usually most successful (ex. verbal prompts, modeling, physical assistance).

6. If the volunteer has a car available there is there is not a permit available for special parking privileges for individuals with handicapping conditions.

7. The volunteer will need to know to what extent you are able to assist the volunteer financially in activities involving expenses. Discuss with the volunteer the financial arrangements.

8. In what situations if any would you be able to provide transportation for your child and/or the volunteer so they might take part in an activity?

9. I would like help with the following (if necessary demonstrate) school and educational (IEP) objectives at home or in the community.

COMMUNICATION

1. Amount of language my son/daughter understands: _____

2. Amount of spoken language my son/daughter uses. He/she makes his/her wants and needs understood in the following ways: _____

3. My son/daughter uses the following special communication system (i.e., sign language, communication board - describe and demonstrate the system): _____

Additional Information:

1. If anything frightens or angers my son/daughter child, the following should be done: _____

2. If there is any trauma when my family leaves my son/daughter, the following should be done: _____

3. My discipline policy in general is: _____

4. My son/daughter exhibits the following problem behaviors: _____

5. The most effective ways for dealing with the behavior(s) is: _____

6. I do <u>not</u> want to encourage the following behavior(s): _____

7. If my son/daughter engages in this behavior, I give the following prior warning: _____

MEALTIMES

1. Foods and drinks that my son/daughter enjoys include: _____

2. Foods and drinks that my son/daughter dislikes include: _____

3. These snacks or sweets are allowed: _____

4. My son/daughter uses his/her left hand right hand (circle one) in eating.

5. My son daughter's daily eating routine (times and how often he/she eats):

6. My son/daughter needs the following assistance for eating or drinking from a cup. _____

7. Restrictions as to the texture or liquidity of food or drink served to my son/daughter include: _____

MEDICAL INFORMATION

1. The Family Service Volunteer needs to know the following medical information: _____

2. Optional Additional information:
   a. If your child has a history of seizures:
      My son/daughter shows the following signs of seizure onset _____
      These procedures should be followed if a seizure occurs _____
   b. This medication is given to my son/daughter regularly (kind, time taken, dosage, etc.): _____
   c. The following recurring illnesses should be watched for: _____
   d. Restrictions on amount or type of physical activity include: _____
   e. Allergies to food or drugs, etc. include: _____
   f. Hearing or visual impairment include: _____

PHYSICAL CARE INFORMATION

Special Equipment

1. My son/daughter uses the following special equipment (glasses, hearing aide, wheelchair, braces, helmet): _____

2. These specific techniques should be used for applying or using the equipment (demonstrate technique to volunteer). _____

Positioning, handling, and carrying (optional information)

1. My son/daughter requires the following special positioning when seated, lying, kneeling, standing, etc. _____

2. My son/daughter needs to be lifted, transferred or carried (describe and/or demonstrate techniques used. _____

Sleeping, Toileting, Personal Hygiene, and Dressing

1. My son/daughter's bedtime routine involves the following: _____

2. Optional Additional Information:
   a. Bedtime is: _____
   b. Morning waking time is: _____
   c. My son/daughter needs does not need to be tucked in.
   d. My son/daughter sleeps on his her back, side, stomach.
   e. If my son/daughter awakens during the night the following should be done. _____

3. These special lifting, transferring, or positioning techniques should be used at bedtime: _____

_____

_____

_____

4. My son/daughter does does not need to be turned or checked periodically.

The volunteer should know the following special toileting, dressing or personal hygiene information. _____

_____

_____

5. The following soaps, fabric softeners, etc. should be avoided due to skin irritation. _____

_____

6. My son/daughter needs the following help with dressing. _____

_____

_____

7. My son/daughter needs the following help with personal hygiene. _____

_____

_____

8. Special bathing/showering instructions that the volunteer should follow, (e.g., any lifting or use of railings) include: _____

_____

_____

Additional Comments and Information:

To the Parents:

Thank you for your valuable time and energy on providing the Family Service Volunteer with this important information and demonstration involving your son/daughter.

TAX DEDUCTIONS FOR VOLUNTEERS

A number of tax benefits are available for volunteers under the general charitable contribution deduction of the Internal Revenue Code. The Internal Revenue Service explains this by noting that volunteers can deduct "unreimbursed expeditures made incident to rendition of services to a qualifying organization". Translated, that menas that a volunteer may deduct out-of-pocket expenses incurred while doing volunteer work for certain groups approved by the Internal Revenue Service.

Qualifying organizations include, but are not limited to: units of government; organizations formed for scientific, literary, or educational purposes; charitable groups; organizations for the prevention of cruelty to animals; organizations for national or internal sports competition; and certain veterans groups. The organization must have prior approval as a qualifying organization from the IRS. If in doubt, ask for proof of tax-deductible status.

THE FOLLOWING ARE REPRESENTATIVE TYPES OF EXPENDITURES THAT VOLUNTEERS MAY WISH TO DEDUCT:

- Direct gifts of money to an organization
- Automobile mileage and expenses
- Bus and cab transportation expenses
- Parking and tolls
- Special uniforms
- Telephone bills
- Entertainment and meals given to others
- Costs of meals and lodging, if away overnight
- Tickets to charity benefits, above intrinsic value

THE FOLLOWING MAY NOT BE DEDUCTED:

- Value of volunteer time donated
- Dependent care expenses
- Your own meals (unless away overnight)
- Your own entertainment

Automobile-related expenses may be deducted either at a 9¢ per mile standard rate or an actual expenses basis.

The out-of-pocket requirement eliminates from deduction any amount that is to the direct benefit of the taxpayer (or the taxpayer's family) rather than to the organization. Thus, for example, most meals and entertainment are excluded.

Items for which a volunteer receives reimbursement may be deducted only to the extent that actual expense exceeds amount of compensation.

In general, the following requirements apply to the above deductions:

1. Must be amount actually paid during the taxable year, not just a pledge.
2. Must be made to a qualifying organization.
3. Must be actual out-of-pocket amount: if a banquet ticket is bought, the deduction is the amount in excess of the actual value of the meal.
4. Must be recorded: the volunteer should know the name of the organization to which the contribution is being made; amount and date of each contribution; and method of valuing in-kind gifts.
5. Where possible, especially for large gifts, a statement of donation should be obtained from the donee organization.

For the more common out-of-pocket expenses, such as transportation costs and meals, voluntary organizations can assist recordkeeping by providing forms listing date, amount, and beneficiary of the expenses.

The above deductions can be taken by those who itemize their deductions and those who take the standard deduction. However, for those taking the standard deduction, only 25% of the first $100 in contributions may be deducted from 1982 taxes.

A complete description of federal tax deductions for volunteers can be obtained from your local IRS office. Ask for Publication #526, INCOME TAX DEDUCTION FOR CONTRIBUTIONS.

P.O. Box 4179
Boulder Colorado 80306
(303)447-0492

1112 N. 19th St.
Suite 500
Arlington, VA 22209
(703)276-0542

VOLUNTEER TAX RECORDKEEPING SHEET

Name of Volunteer: _____

Organization: (complete one sheet for each organization for which you volunteer)

_____

DATE	NATURE OF EXPENSE (bus fare, mileage, phone calls, etc.)	AMOUNT
		$

EVALUATION

SESSION 6 - PROGRAM AND EMERGENCY PROCEDURES

	Very Useful				Not at all Useful
How useful was the information presented in this session?	5	4	3	2	1
1. Lecture/discussion of VFF process	5	4	3	2	1
2. Lecture/discussion pertaining to the function and format of the Important Information Form	5	4	3	2	1
3. Lecture/discussion on emergency medical procedures as covered in Emergency/Handbook Directory	5	4	3	2	1
4. Modelling/practice of the Heimlick maneuver	5	4	3	2	1
5. Lecture/discussion of tax record keeping and deductions and insurance for volunteers	5	4	3	2	1

Do you have any suggestions for changes (additions, deletions, etc.) in the content of this sessions?

Do you have any suggestions for changes in the way (materials, etc.) in which the information was presented in this session?

APPENDIX D

TRAINER HANDBOOK

TRAINER'S HANDBOOK

SESSION I - ROLE OF THE VOLUNTEER

THE ROLE OF THE VOLUNTEER

Session Overview

Rationale

The success of the volunteer experience is in large part determined by the volunteer starting out with accurate expectations of his/her responsibilities and what he/she will get out of volunteering.

Many individuals volunteer with a great desire to be of service, but, frequently do so with limited information about what their specific role will be. It is important to clarify what it is you want to do and what you expect to get out of your volunteer experience, as well as what the particular volunteer experience has to offer you.

Outcomes

1. Participants will describe and explore their reasons for becoming involved in the Volunteers For Families program.
2. Participants will be able to describe their roles and responsibilities in volunteering.
3. Participants will understand and explain the concept and importance of advocacy.

Activities

1. Activity/discussion on reasons why participants want to be involved in the Volunteers For Families program.
2. Review the goals, objectives, and management plan of the Volunteers For Families program. (Handbook - Brochure and pages 2-4.)
3. Lecture/discussion of the role and responsibilities of volunteers. (HANDBOOK - pages 5-9.)
4. Lecture/discussion of meaning and importance of advocacy. (HANDBOOK - pages 11 and 12.)
5. Evaluate the training session (Handbook - page 13).

1. Directions for: **ACTIVITY: "Why I Volunteer"**

Write 3 or more of your reasons for wanting to be a volunteer. (A list of possible responses can be found on page 4 of this session). Ask volunteers to share at least one of their reasons with the group. (10 mins.)

2. Overview of Volunteers For Families

A. Purpose

- to develop a network of volunteers to provide support to individuals with developmental disabilities and their families.

B. Goals/Objectives

- to assist families in integrating their children into their own neighborhoods and communities
- to practice skills being worked on in school, in the neighborhood and community
- to provide additional opportunities to experience and practice recreational, leisure, and social activities.

C. Management Plan

- Phase 1 consists of identifying and recruiting Advocacy Council members, supporting agencies, and volunteers. (HANDBOOK - page 5.)
- Phase 2 consists of training volunteers and trainers of volunteers.
- Phase 3 consists of follow-up activities for the duration of the project.

3. Roles/Responsibilities of Volunteers

A. Volunteers are the critical component of this program

- many children/adults with severe developmental disabilities and their families have been very isolated from their communities. Rather than take the chance of receiving unpleasant or non-accepting reactions from the community, they avoid it as much as possible
- by becoming a friend, a volunteer can be of great help in this area
- a volunteer shows his/her acceptance by taking his/her friend into the community

- a volunteer portrays to the community that this person, regardless of handicapping condition, is a valuable, contributing member of the community - a person who is willing and able to be a friend

B. Family/Volunteer Relationship

- the family and school can and do work together to teach a child with a disability to be all that he/she can be

- the family <u>alone</u> remains the primary resource for:

  a. integrating their child socially with others

  b. providing repeated opportunities to practice what is learned in school

- families <u>don't</u> want just a "babysitter", but want someone who wants to spend time with their child, provide meaningful, quality experiences

- volunteers offer relief and at the same time, enhance the educational, recreational, and social life of the individual with a disability

- families are available to give information and any assistance that is required--they are, more often than not, the "experts" on their child

- there may be times when a volunteer does not feel comfortable or confident with a new friend--that's okay, it takes time to build a friendship...any friendship!!

C. Termination of Volunteer Relationships

- volunteers have a responsibility to terminate the relationship in as considerate and painless a way as possible. (HANDBOOK - page 10.)

4. <u>Advocacy (HANDBOOK - page 11)</u>

- there may be times when you need to be a little more than a friend

- you may need to stick up for the rights of your friend, or better yet, help him/her stick up for his/her own rights

HANDBOOK - page 11 - "ABSTRACT OF ADVOCACY"

HANDBOOK - page 12 - "GUIDELINES FOR EFFECTIVE..."

VOLUNTEERS FOR FAMILIES

W H Y I V O L U N T E E R

Activity 1

Directions: Write 3 or more of your reasons for wanting to be a volunteer.

1. _____

2. _____

3. _____

WHY I VOLUNTEER... (Possible reasons)

1. Career exploration, work experience, maintaining skills, or school credit are important to me.
2. Challenging situations stimulate me.
3. Jobs that utilize my originality and creativity appeal to me.
4. I like to work independently, without close supervision.
5. It is important that my position corresponds to my personal interests.
6. I like to plan, organize and direct activities as a leader.
7. I want approval, respect, and appreciation from others.
8. Familiar, comfortable activities are my choice.
9. Using my talents and abilities is a form of self-expression.
10. I value giving service to other people and to the community (school, church/synagogue).
11. I enjoy being with people and expanding my circle of acquaintances.
12. I enjoy a variety of tasks and a change of scene.
13. I feel no one else will do the job and/or I'd feel guilty if I didn't.

From Rauner, J. Helping People Volunteer, Marlborough Publications, pp.27-29.

VOLUNTEERS FOR FAMILIES

Overview

Volunteers For Families (VFF) is a three-year program to establish a statewide network of family service providers. VFF will train volunteers to advocate for, coordinate, and provide services to families of individuals with developmental disabilities. These services will include a wide range of home and community-based activities. For example, a volunteer may assist an individual to pursue a leisure time activity such as exercising, cooking, playing cards, or participate in a recreational activity such as bowling or swimming. In summary, services provided by the volunteers will enhance the educational, social, recreational and leisure skills of the developmentally disabled person.

Management Plan

Volunteers For Families consists of three phases. Phase 1 consists of identifying and recruiting Advocacy Council members, host agencies, and volunteers who enter the training program. Phase 2 consists of actually training the volunteers. Volunteers will be required to successfully complete five classes, as well as participate in practical experiences. Volunteers who wish to become trainers will be expected to complete three additional classes which will cover how to identify, recruit and train additional volunteers under the supervision of project staff. Phase 3 consists of follow-up activities for the duration of the program that include maintenance of the Advocacy Council, periodic evaluation of volunteer services and technical assistance when requested.

TRAINER'S HANDBOOK

SESSION II - HISTORY

HISTORY OF ATTITUDES TOWARD PEOPLE WITH DEVELOPMENTAL DISABILITIES

Rationale

Society's attitudes toward people with developmental disabilities have changed radically throughout history. It is important to all persons who are involved in some way with developmentally disabled people, including VFF Volunteers, to be aware of the historical events which have preceded the present move toward deinstitutionalization of persons with developmental disabilities and the establishment of programs to provide opportunities for them to become accepted, participating members of their communities.

Outcomes

1. Volunteers will be familiar with "deviancy" and the eight role perceptions of mental retardation that relate to it.

2. Volunteers will be familiar with the perception of persons with mental retardation as "developing individuals".

3. Volunteers will be familiar with the historical development of institutions for the "mentally retarded" in the United States.

4. Volunteers will be able to recognize the effects of our history on current practices including the principle of normalization.

Activities

1. Lecture/discussion of "deviancy" and eight perceptions of the mentally retarded person's role in society (Wolfensberger; The Origin and Nature of Our Institutional Models, 1975; and Your Citizen Advocacy Program, 1976.) (HANDBOOK page 2.)

2. Group activity to relate the situations described to the role perceptions (HANDBOOK page 4.)

3. Lecture/discussion of the history of institutions and treatment of the "mentally retarded" in the United States (Wolfensberger, 1975 & 1976). (HANDBOOK page 5.)

4. View film "Transitions" or "Three Generations".

5. Lecture/discussion on effects of history on current practices and treatment of people who have developmental disabilities.

6. Participants orally read and discuss handout on normalization.

7. Summarize session with discussion and activity on myths and facts about developmental disabilities (HANDBOOK pages 7-16.)

8. Evaluate the training session (Handbook, page 17).

HISTORY OF ATTITUDES TOWARD PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. LECTURE/DISCUSSION OF DEVIANCY (TRANSPARENCY #1)

   a. Devalued, negatively valued

   b. "An observed quality only becomes a deviancy when it is viewed as negatively valued-charged" (Wolfensberger, 1972).

   c. It is of our own making as a society.

   d. "Deviant" people have been all lumped together in the past.

   e. Deviancy has been dealt with in a number of ways (TRANSPARENCY #2).

2. LECTURE/DISCUSSION OF THE "MENTALLY RETARDED" ACCORDING TO "HOW SOCIETY HAS VIEWED HANDICAPPED PEOPLE".

   HANDBOOK - page 2: "How Society Has Viewed Handicapped People"

   HANDBOOK - page 4: "What Roles Are They Expected To Play?"

   Directions For Activity: "What Roles Are They Expected To Play"

   After reviewing the handout "How Society Has Viewed Handicapped People", have participants complete worksheet "What Roles Are They Expected To Play?"

   Go over each situation asking for opinions of what role fits best. Encourage discussion among participants.

3. LECTURE/DISCUSSION OF INSTITUTIONS FOR TREATMENT OF THE "MENTALLY RETARDED".

We will now talk a little about how events and attitudes throughout history have affected the treatment of people who were consiered to be different.

a. Treatment of "Deviants" prior to 1850

Primitive Society

- Left "deviant" newborns to die
- Early Christian church did try to protect, but believed deviancy to be result of parental sin or person's own wrong-doing

15th Century

- "Deviants" possessed with supernatural spirits

16th Century

- Royal courts collected "deviants/freaks" as entertainers/jesters as they were called

17th Century

- Northern Puritanism continued torture, abuse, punishment of "deviants"
- Southern Catholicism resulted in a general policy of benign neglect
- Salem witch trials (people with epilepsy/seizures were probably burned at the stake)
- U.S. Agrarian Society
  - father was head of household
  - had life and death power over family
  - exercised this power if child was judged to be non-productive

SUMMARY

"Deviants" were paying for sins of parents or their own, should be hidden - objects of shame.

1722 - First House of Corrections (TRANSPARENCY #3)

TRANSPARENCY 1

DEVIANCE:

SIGNIFICANT DIFFERENCE FROM OTHERS

1) OVERT
2) NEGATIVELY VALUED

ATTITUDES GENERALIZED:

1) BLINDNESS
2) DELINQUENCY
3) OLD AGE
4) RETARDATION

DEVIANCY HISTORICALLY HAS BEEN:

- PREVENTED - NO NEGATIVE VALUE TO DIFFERENCE
- MADE UNDEVIANT THROUGH EDUCATION, TRAINING, TREATMENT
- SEGREGATED
  - INDIAN RESERVATIONS
  - BLACK GHETTOS
  - INSTITUTIONS FOR MENTALLY ILL AND MENTALLY RETARDED
- DESTROYED
  - ESKIMOS
  - BUSHMEN
  - NAZI GERMANY

3. LECTURE/DISCUSSION OF INSTITUTIONS FOR TREATMENT OF THE "MENTALLY RETARDED".

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SUMMARY

"Deviants" were paying for sins of parents or their own, should be hidden - objects of shame.

1722 - First House of Corrections (TRANSPARENCY #3)

CONNECTICUT'S 1ST HOUSE OF CORRECTION:

ROGUES
VAGABONDS
THE IDLE
BEGGARS
FORTUNE TELLERS
DIVINERS
MUSICIANS
RUNAWAYS
DRUNKARDS
PROSTITUTES
PILFERERS
BRAWLERS
MENTALLY AFFLICTED

b. Making Deviant Undeviant (TRANSPARENCY #4).

1850

Education: Congregate for expert, intensive attention

Goals: Diminish intellectual impairment, increase skills to function in society

Temporary Boarding School

- Small
- Located in population centers/capitols
- Dozen to two dozen in homes

Developmental Model

- the retarded person as sick -- cure
- schooling right of retarded
- duty of society
- substantial number improved and returned to community

Problems

- some failures
- for every successful discharge placement likely to be less successful (no support in community - maintenance)
- many residents had no place to return to, so stayed on
- many people misunderstood objectives - expected "cures"

c. Protect Deviant From Society (1870-1880) (TRANSPARENCY 5 and 6)

Term School Replaced By Asylum (safe place)

Three Dangerous Trends

- isolation
- enlargement
- economization

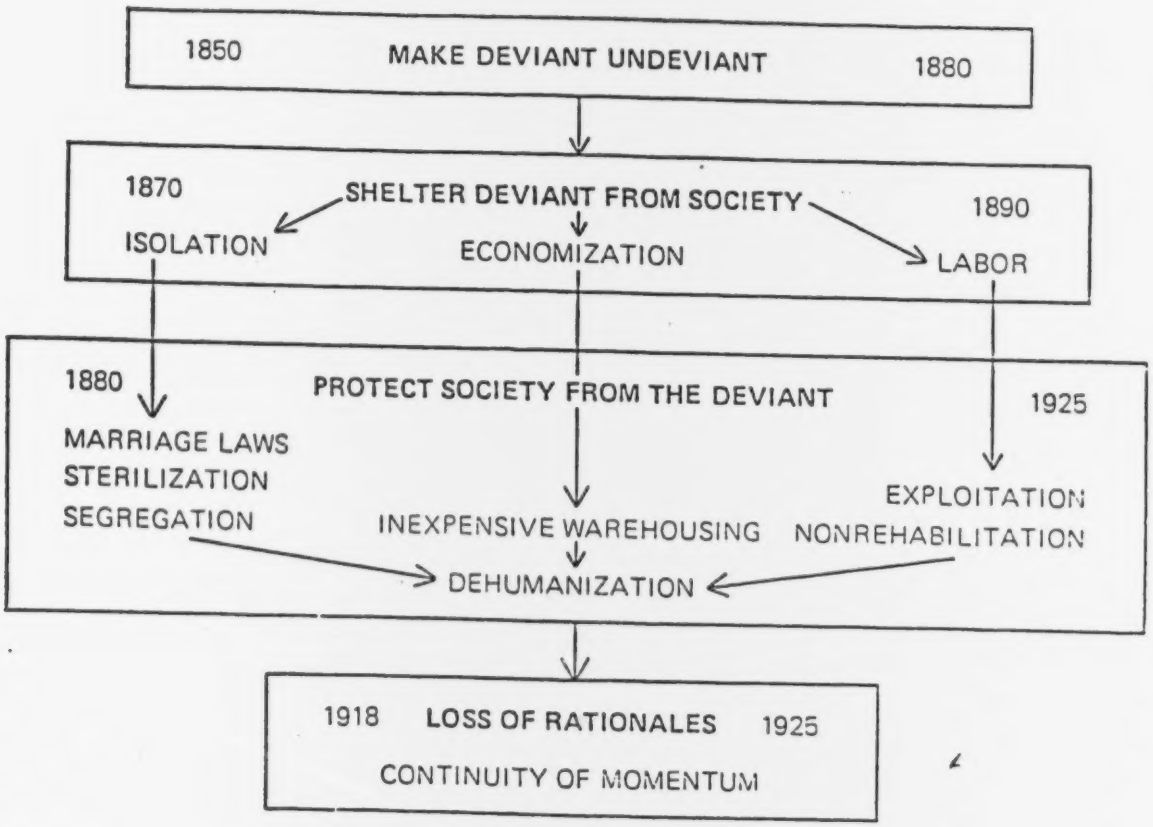

FIGURE 1: Graphic Summarization of the Evolution of Institutional Rationales and Practices.

1) THE RETARDED PERSON AS "SICK"

RESIDENCES:

1. ADMINISTERED LIKE HOSPITAL
2. CALLED HOSPITAL, AT LEAST IN PART
3. LIVING UNITS ARE "WARDS"
4. RESIDENTS ARE "PATIENTS NEEDING DIAGNOSIS"
5. CARE IS "NURSING CARE"
6. RECORDS ARE "CHARTS"
7. HOSPITAL ROUTINES
8. CONCERN WITH STATUS AND RANK
9. LOTS OF WHITE COATS!
10. PROGRAMS ARE "TREATMENT" OR "THERAPY"
11. PHYSICIANS DECIDE NON-MEDICAL MATTERS
12. EDUCATION LOW PRIORITY
13. BEHAVIOR MANAGED WITH PHYSICAL RESTRICTION, DRUGS
14. AVOID INJURIES!!
15. HOPELESSNESS - NO "CURE" !!

Date: 1800's

RETARDED PERSON AS A HOLY INNOCENT

SPECIAL CHILDREN OF GOD

INCAPABLE OF VOLUNTARY EVIL

THIS ROLE INHIBITED INSTITUTIONAL GROWTH -
(HUTTERITE COMMUNITIES)

RESIDENCE:

1. MENIAL WORKER IN RELIGIOUS COMMUNITY
2. CHILDLIKE ROLE IN GODLY HOME
3. WORKER IN HOME OR HOSPITAL RUN BY RELIGIOUS ORDER

GOOD INTENTIONS --- DEHUMANIZING

Garden of Eden - Needed Farms

- self-sufficient
- fenced in for safety from intrusion

Beautiful Picture

- villages of the "simple"
- cities of refuge
- one acre per resident became the rule
- Ohio - 600 residents
- enlargement better for resident-more economical for taxpayer

1893

Legislature ready to enlarge existing institutions rather than establish new ones (TRANSPARENCY 7)

Increased emphasis on residents

- working rationale
- happier than when idle
- a lot cheaper

Pity Era (Pity: someone suffering, needs help, makes demands, creates resentment (especially if does not get well) (TRANPARENCY 8).

- lasted only 10-20 years
- followed by a long period of indictment/ brutalization

d. Protect Society From Deviant

Indictment (TRANSPARENCY 9 and 10)

Testing of Intelligence (Binet testing exploited in U.S.)

- identified larger numbers of "feeble-minded"
- people doing just fine
- "no less than 3% of all school children are feeble-minded" (field test on "normal" kids)

RETARDED PERSON AS BURDEN OF CHARITY

- 1ST INSTITUTIONS EMPHASIZED ADMISSION OF THE POOR

"COLD CHARITY" - NO FRILLS!!

RESIDENCE:

1. AUSTERE, LACKING IN PRIVACY
2. RESIDENT EXPECTED TO BE GRATEFUL, WORK FOR HIS KEEP
3. GRIM, UNIMAGINATIVE EMPHASIS ON EVENTUAL SELF-SUFFICIENCY
4. EDUCATION, TRAINING IN TRADITIONAL HANDICRAFTS STRONGLY VALUED

RETARDED PERSON AS AN OBJECT OF PITY

SUFFERING

UNAWARE

ETERNAL CHILD

NOT ACCOUNTABLE FOR BEHAVIOR

RESIDENCE:

1. SHELTERS AGAINST INJURY AND RISK
2. MAKE FEW DEMANDS FOR GROWTH...,
   DEVELOPMENT, PERSONAL RESPONSIBILITY

SHARES MANY FEATURES WITH SUBHUMAN

- DE-HUMANIZING -

RETARDED PERSON AS A SUBHUMAN ORGANISM

"VEGETABLES"

INSENSITIVE TO HEAT AND COLD

RESIDENCE:

1. "ABUSE-RESISTANT"
2. ASSAULTIVE, DESTRUCTIVE; THEREFORE LOCKED UP, BEHIND WALLS, SEXUALLY SEGREGATED
3. MINIMAL RESIDENT CONTROL
4. EFFICIENT SUPERVISION - "KEEPING"
5. DRUGS RATHER THAN INTERACTION
6. PLACED FAR FROM POPULATION CENTERS
7. EASILY CLEANED
8. NO OPPORTUNITY FOR DEVELOPMENT
9. LACK OF HUMAN RIGHTS - PRIVACY, PROPERTY, COMMUNICATION
10. UNATTRACTIVE - NO NEED FOR BEAUTY!

RETARDED PERSON AS A MENACE

MEN APT TO SEE EVIL IN DEVIANCY

MUCH IN COMMON WITH SUBHUMAN MODEL

- ELEMENT OF VINDICTIVENESS AND PERSECUTION ADDED

- "Said that important factor as cause of juvenile vice and delinquency, adult crime, sex immortality, spread of venereal disease, prostitution, illegitimacy, vagrancy, pauperism and other forms of social disease"

Darwin (survival of the fittest)

- synonymous with survival of worthiest
- intelligent, industrious, conform to certain standards of moral decency
- intensive studies of family histories "confirmed" that feeblemindedness is transmitted from generation to generation

Gregor Mendel

- studies originally ignored years earlier
- later used as proof that heredity was a key factor in mental deficiency
- MD reportedly reproduced at more prolific rate than normal (might outbreed normal population)

Dugdale (Jukes-1877, Kallikaks-1912)

- menace to society
- girls especially dangerous as they take advantage of young men

<u>1910</u>

- "these girls, unless cared for permanently in an institution, usually become immoral or are led away to make bad marriages"
- "their children are apt to be mentally defective with more or less pronounced animal instincts, diseased and depraved, a curse and menace to society"
- "feeble minded women who marry are twice as prolific as the normal woman"
- "Every feeble minded person is a potential criminal, needing expression of his/her criminal tendencies"
- Solution is obvious---prevent reproduction
  - segregate
  - sterilize

Convenient: most social problems solved if poor stopped having children - no responsibility - born that way - No worry that slum conditions were inferior to begin with

Only hope:

- forbid mating
- sterilize
- segregate (all failed)

Segregation left as best solution

Commitment by court - no longer voluntary

Remember, early day legislatures were asked to <u>permit</u> residents to stay

During alarmist period, no more releases back to community

Strive to institutionalize all

- reduce per capita cost, same budget
- increase population of each institution
- have higher functioning work land and care for lower functioning (can't let them out-too valuable)
- pride in reducing costs
- resident number in thousands

Education - bad and costly

<u>1913</u>

"The patients that gave us the most trouble are the ones who have been taught to read and write. They are always looking for an opportunity to send out a letter or note secretly and give us trouble in other ways as well. If they could not write, much of the disturbance would be eliminated".

Special education in community - used for identifying retarded for institutionalization

Granting of subsidy or pension to needy families with retarded viciously attacked; workers asked that money be put into institutions

End of Indictment - <u>1920</u>

- studies of MR in community - not a menace

- aims of segregation could not be achieved - confinement for life for no offense could not be condoned

1924

Study of discharges at Waverly for 25 years - very small percent had committed crimes, married, became parents, or had failed to support themselves, become bad citizens

Heridity - relatively insignificant factor, most retarded adults make adequate community adjustment

e. Loss of Rationales - Continuity of Momentum

Only rationale by 1925 - relief for families - community services answer - continuity of momentum

Logical development - why no community services?

- professionals had done 30 years of indoctrination of "menace" - asserted unchangeability of intelligence for another 30 years

- professional writing and interests turned to mental health and hygiene

- depression

- World War II

  - many veterans returned disabled due to medical technology - previously would not have survived

  - led to new attitudes - can't condemn war heros

1950

- prosperity

- parent groups formed (NARC)

- Civil Rights Movement

Institutions still operated as if the old rationales were still true

f. New Era Beginning (TRANSPARENCY #11)

RETARDED PERSON AS DEVELOPING INDIVIDUAL

NO STRONG NEGATIVE VALUE TO DIFFERENCE

CAPABLE OF GROWTH, DEVELOPMENT, LEARNING

RESIDENCE:

1. SIMILAR AS POSSIBLE TO TYPICAL HOME
2. SMALL, SELF-CONTAINED UNITS
3. BEDROOMS FOR 1, OR A FEW ONLY
4. FAMILY DINING
5. LIVE-IN PERSONNEL
6. HOME-LIKE APPLIANCES
7. DOORS!
8. DANGER!
9. RISK!

1960

- population reached peak in institutions (1969)
- Kennedy Era (had sister who had MR)
- move to decrease population in institutions/increase community programs

HANDBOOK page 5: "Graphic Summarization of the Evolution of Institutional Rationales and "Practices

4. VIEW FILM "TRANSITIONS" or "THREE GENERATIONS"

5. REVIEW EFFECTS OF HISTORY ON CURRENT PRACTICES AND THE NORMALIZATION PRINCIPLE

   a. Legislation/litigation in the last 30 years has been very important in changing institutional model

   b. Widespread teaching of the normalization principle has had a significant impact on treatment of people with developmental disabilities

6. "Now let's read the article on Normalization." (HANDBOOK - page 6: "Normalization")

7. LECTURE/DISCUSSION OF MYTHS AND FACTS ABOUT DEVELOPMENTAL DISABILITIES

   a. People form attitudes on the basis of information (facts) and misinformation (myths)

   b. Attitudes in turn influence behavior

   c. Negative attitudes based on myths can lead to problems for handiccapped people

   HANDBOOK - page 7: "Myths About Developmental Disabilities"

   HANDBOOK - page 8: "Facts About Developmental Disabilities"

HANDBOOK - page 9: "Myth/Fact Worksheet"

Directions for Activity: Put Myths About DD on overhead

Handout myth/fact worksheets and ask individuals/small groups to identify myth in their worksheet.

Go over scenes one at a time discussing possible ways of solving problems

Point out the need for disabled people to become their own advocates and stress that dependency will increase if volunteers always solve problems

Superimpose Facts About Developmental Disabilities

d. These are only representative myths which DD people will deal with; volunteers must be on look out for others too

e. Reassure group about their own attitudes. No need to feel shame for having these attitudes. All people can learn and grow and change their attitudes; this is one purpose for this training

RETARDED PERSON AS DEVELOPING INDIVIDUAL

NO STRONG NEGATIVE VALUE TO DIFFERENCE

CAPABLE OF GROWTH, DEVELOPMENT, LEARNING

RESIDENCE:

1. SIMILAR AS POSSIBLE TO TYPICAL HOME
2. SMALL, SELF-CONTAINED UNITS
3. BEDROOMS FOR 1, OR A FEW ONLY
4. FAMILY DINING
5. LIVE-IN PERSONNEL
6. HOME-LIKE APPLIANCES
7. DOORS!
8. DANGER!
9. RISK!

TRANSPARENCY 1

DEVIANCE:

SIGNIFICANT DIFFERENCE FROM OTHERS

1) OVERT
2) NEGATIVELY VALUED

ATTITUDES GENERALIZED:

1) BLINDNESS
2) DELINQUENCY
3) OLD AGE
4) RETARDATION

DEVIANCY HISTORICALLY HAS BEEN:

- PREVENTED - NO NEGATIVE VALUE TO DIFFERENCE
- MADE UNDEVIANT THROUGH EDUCATION, TRAINING, TREATMENT
- SEGREGATED
  - INDIAN RESERVATIONS
  - BLACK GHETTOS
  - INSTITUTIONS FOR MENTALLY ILL AND MENTALLY RETARDED
- DESTROYED
  - ESKIMOS
  - BUSHMEN
  - NAZI GERMANY

CONNECTICUT'S 1ST HOUSE OF CORRECTION:

ROGUES
VAGABONDS
THE IDLE
BEGGARS
FORTUNE TELLERS
DIVINERS
MUSICIANS
RUNAWAYS
DRUNKARDS
PROSTITUTES
PILFERERS
BRAWLERS
MENTALLY AFFLICTED

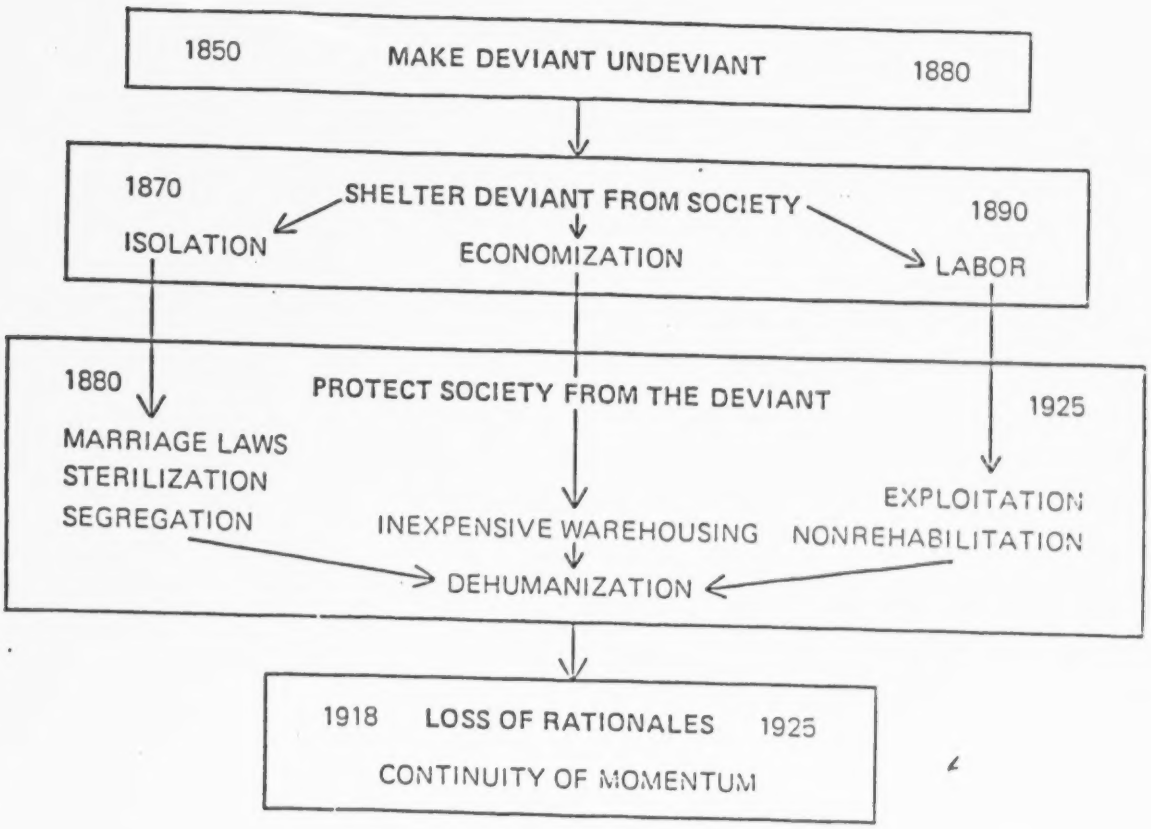

FIGURE 1: Graphic Summarization of the Evolution of Institutional Rationales and Practices.

1) THE RETARDED PERSON AS "SICK"

RESIDENCES:

1. ADMINISTERED LIKE HOSPITAL
2. CALLED HOSPITAL, AT LEAST IN PART
3. LIVING UNITS ARE "WARDS"
4. RESIDENTS ARE "PATIENTS NEEDING DIAGNOSIS"
5. CARE IS "NURSING CARE"
6. RECORDS ARE "CHARTS"
7. HOSPITAL ROUTINES
8. CONCERN WITH STATUS AND RANK
9. LOTS OF WHITE COATS!
10. PROGRAMS ARE "TREATMENT" OR "THERAPY"
11. PHYSICIANS DECIDE NON-MEDICAL MATTERS
12. EDUCATION LOW PRIORITY
13. BEHAVIOR MANAGED WITH PHYSICAL RESTRICTION, DRUGS
14. AVOID INJURIES!!
15. HOPELESSNESS - NO "CURE" !!

TRANSPARENCY 6

Date: 1800's

RETARDED PERSON AS A HOLY INNOCENT

SPECIAL CHILDREN OF GOD

INCAPABLE OF VOLUNTARY EVIL

THIS ROLE INHIBITED INSTITUTIONAL GROWTH -
(HUTTERITE COMMUNITIES)

RESIDENCE: -

1. MENIAL WORKER IN RELIGIOUS COMMUNITY
2. CHILDLIKE ROLE IN GODLY HOME
3. WORKER IN HOME OR HOSPITAL RUN BY RELIGIOUS ORDER

GOOD INTENTIONS --- DEHUMANIZING

RETARDED PERSON AS BURDEN OF CHARITY

- 1ST INSTITUTIONS EMPHASIZED ADMISSION OF THE POOR

"COLD CHARITY" - NO FRILLS!!

RESIDENCE:

1. AUSTERE, LACKING IN PRIVACY
2. RESIDENT EXPECTED TO BE GRATEFUL, WORK FOR HIS KEEP
3. GRIM, UNIMAGINATIVE EMPHASIS ON EVENTUAL SELF-SUFFICIENCY
4. EDUCATION, TRAINING IN TRADITIONAL HANDICRAFTS STRONGLY VALUED

RETARDED PERSON AS AN OBJECT OF PITY

SUFFERING

UNAWARE

ETERNAL CHILD

NOT ACCOUNTABLE FOR BEHAVIOR

RESIDENCE:

1. SHELTERS AGAINST INJURY AND RISK
2. MAKE FEW DEMANDS FOR GROWTH...,
   DEVELOPMENT, PERSONAL RESPONSIBILITY

SHARES MANY FEATURES WITH SUBHUMAN

- DE-HUMANIZING -

RETARDED PERSON AS A SUBHUMAN ORGANISM

"VEGETABLES"

INSENSITIVE TO HEAT AND COLD

RESIDENCE:

1. "ABUSE-RESISTANT"
2. ASSAULTIVE, DESTRUCTIVE; THEREFORE LOCKED UP, BEHIND WALLS, SEXUALLY SEGREGATED
3. MINIMAL RESIDENT CONTROL
4. EFFICIENT SUPERVISION - "KEEPING"
5. DRUGS RATHER THAN INTERACTION
6. PLACED FAR FROM POPULATION CENTERS
7. EASILY CLEANED
8. NO OPPORTUNITY FOR DEVELOPMENT
9. LACK OF HUMAN RIGHTS - PRIVACY, PROPERTY, COMMUNICATION
10. UNATTRACTIVE - NO NEED FOR BEAUTY!

RETARDED PERSON AS A MENACE

MEN APT TO SEE EVIL IN DEVIANCY

MUCH IN COMMON WITH SUBHUMAN MODEL

- ELEMENT OF VINDICTIVENESS AND PERSECUTION ADDED

TRAINER'S HANDBOOK

SESSION III - IEP/IRP

INDIVIDUALIZED EDUCATION PLAN/INDIVIDUALIZED PROGRAM PLAN

Session Overview

Rationale

As volunteers working with handicapped individuals, it is quite conceivable that there will be instances where familiarity with the IEP or IPP will be necessary. These instances may include practice or work on community-based IEP or IPP objectives such as shopping or using public transportation, or recreational activities. In addition, a familiarity with the process of task analysis (commonly associated with the IEP and data-based teaching) may very well prove valuable to the volunteer in planning and modifying (when necessary) activities for the individual with whom he/she is matched.

Outcomes

1. The participants will be familiar with the rights of people with handicaps, the basic provisions of P.L. 94-142, and the need for the principles of confidentiality. (HANDBOOK page 3-5.)

2. The participants will be familiar with the definition, purpose, format, contents, and goals of an IEP. (HANDBOOK page 6-8.)

3. The participants will be familiar with the concept of the community as an educational setting and as part of the learning process. (HANDBOOK pages 9-11.)

4. The participants will be familiar with task analysis. (HANDBOOK page 12.)

Activities

1. Review and discuss briefly, the rights of people with handicaps and the basic provisions of P.L. 94-142. (HANDBOOK page 3.) Review and discuss briefly, the statement of confidentiality; read and sign the Volunteer Confidentiality Agreement. (HANDBOOK pages 4-5.)

2. Review and discuss the definition, purpose, format, contents, and goals of the IEP. (HANDBOOK page 6-8.)

3. Review and discuss the concept of the community as an educational setting and as part of the learning process. (HANDBOOK pages 9-11.)

4. Review and discuss briefly, the concept and process of task analysis. (HANDBOOK page 12.)

5. Evaluate training session. (HANDBOOK page 13.)

1. Introduction: The Rights of People with Handicaps and the Basic Provisions of P.L. 94-142. (HANDBOOK page 3.)

a. A person with a disability has the same rights as a person without a disability.

1. Has the right to vote, the right to privacy, the right to freedom of speech and the right to due process.

2. Has the right to make his/her own decisions and manage his/her own property unless placed under guardianship by a court.

3. Is protected by anti-discimination laws - Section 504: no individual by reason of his/her handicap can be denied benefits of or be subjected to discrimination under any program receiving federal financial assistance; P.L. 94-142: all children with special needs have a right to a free, appropriate, public education in the least restrictive environment. In addition, a written IEP is mandated to insure compliance.

FREE = At no expense to family.

APPROPRIATE = Uniquely suited to each individual student's strengths and weaknesses.

PUBLIC = At public expense, as are other students' educational costs.

LEAST RESTRICTIVE ENVIRONMENT = To the maximum extent possible, handicapped children will be educated with their peers, except when their handicapping condition or special needs justify other placement.

4. Cannot be denied services to which he/she is entitled.

5. Has the same basic human rights as any other citizen of the United States.

b. Confidentiality

1. Confidentiality means that the handicapped person's right to privacy must be protected.

2. The IEP is a confidential document, just as a medical record is. (HANDBOOK page 4.)

3. Informaton that your learn about your friend in the context of your relationship with him/her is confidential. (HANDOUT page 5.)

2. Individual Education Plans.

a. Definition of IEP (TRANSPARENCY 1)

The Individual Education Plan (IEP) is a confidential document, required by P.L. 94-142, which serves as a guide to teachers of students who have a handicap. The plan consists of specific goals and objectives to be worked on for the school year and insures that the provisions of P.L. 94-142 are being met.

b. Each student must have an IEP which is reviewed and modified at least once a year based upon the student's progress.

c. The IEP tells what the student can already do and what he/she will be working on for that year.

d. What is Included in the IEP? (TRANSPARENCY 2.)

1. The student's present level of skills in four (4) main areas: Domestic, Community, Vocational, and Recreation/Leisure. The rationale behind the use of these areas is that each of us must live, work and recreate somewhere. By analyzing each area, we can determine the specific environments and skills that an individual will need to functon as an independent and productive member of his/her community.

2. Assessment method: PARENT INTERVIEW - the parents are given an opportunity to give input as to how well they feel their son/daughter is doing, what they feel he/she needs to learn to become more independent.

STANDARDIZED TESTS

TEACHER-MADE TESTS

3. Annual goals

4. Short-term objectives

5. Special services the student receives

6. Frequency of services

7. Personnel responsible

8. Location

9. Instructional strategies

10. Evaluation procedures/criteria

Activity: IEP Worksheet

DIRECTIONS: Let's take a few minutes and try to think of some activities you could do with John to help him learn these skills. Write down what the activity is, where you would do it (location), and any materials you might need. Let's first come up with an activity as a group for the first goal. (Spend a few minutes formulating one activity.) Now take 10 minutes or so to write down one activity for the rest of the IEP goals, as well as the location of the activity and materials you would need. (Allow 10 minutes or until all are finished.)

3. The Community as an Educational and Social Setting

   a. One cannot assume that if a student learns a skill at school that the skill can or will be performed at home or in the community (generalization issue).

   b. If the student practices skills at home, in the community and at school, his/her independence will be likely to increase in all three (3) places.

   c. Volunteers can help families provide opportunities for their child to get such practice.

4. The Learning Process

   a. We all have our own unique pattern of strengths and weaknesses.

   b. Speak with child's parents or the child, if possible, to find out how your friend learns best. (HANDBOOK page 9.)

   c. Only provide assistance or make adaptations when necessary; encourage and reinforce independence.

   d. Make sure the learner pays attention. (HANDBOOK page 10.)

   e. Task analyze: break activity into small steps. (HANDBOOK page 12.)

W H A T I S A N I E P ?

- Written Description of Intervention -

INDIVIDUALIZED	Specifically Designed Instruction to Meet Needs of a Single Child
EDUCATION	Program Limited to Special Education and Related Services at no Cost to Parents
PROGRAM	Statement of Exactly What Services Will be Provided to the Student, By Whom, and For What Period of Time

IEP COMPONENTS

1. Statement of pupil's present level of performance

2. Statement of annual goals.

3. Statement of short term instructional objectives with projected timelines for achievement.

4. Statement of special education and related services to be provided, why these services are most appropriate, when they are to be provided, and who is to provide them.

5. Statement specifying extent to which pupil will participate in regular program.

6. Statement of projected dates for initiation and duration of services.

7. Statement of objective criteria and evaluation procedures to determine whether objectives are being acheived.

8. End of year summative evaluation of services provided.

TRAINER'S HANDBOOK

SESSION IV - INTEGRATED RECREATION

INTEGRATED RECREATION

Rationale

The major focus of this program is to support handicapped individuals and their families by providing volunteer companionship. Given this focus, it follows that volunteers will most often be involved in some type of recreational or leisure activity with their friend. Therefore, training in identifying and accessing recreational or leisure options within their own homes and communities is a very significant part of the overall training given to volunteers.

Outcomes

1. The participants will be familiar with the benefits of recreation in the community.
2. The participants will be familiar with guidelines for selecting activities.
3. The participants will be familiar with strategies to consider when preparing activities.
4. The participants will be familiar with reasons for adapting activities and methods to do so.
5. The participants will be familiar with teaching techniques.

Activities

1. Brainstorm: Benefits we receive from recreation.
2. Review and discuss the benefits of recreation in the community for handicapped and nonhandicapped individuals. (HANDBOOK page 3-4.)
3. "Kids on the Block" (optional).
4. Review and discuss the guidelines for selecting activities. (HANDBOOK page 5.)
5. Review and discuss the strategies to consider when preparing for activities. (HANDBOOK page 6.)
6. Review and discuss the important factors in adapting activities and the methods to do so, (HANDBOOK page 7-8), and complete "Adapt the Activity" worksheet, (HANDBOOK, page 9).

7. Review and discuss appropriate teaching techniques: reinforcement, levels of assistance, and task analysis, (HANDBOOK, pages 10-12), and complete activity "A Million Directions".

8. Evaluate session (HANDBOOK, page 13).

INTEGRATED RECREATION

1. **Directions for Activity:** Brainstorm

2. The Benefits of Participating in Recreational Activities in the Community:

   a. People in General

      1. Make friends

      2. Improve physical fitness - relief from fatigue.

      3. Increase skills - learn new skills, improve old.

      4. Build self-concept.

      5. Social - develop self-expression, positive social interactions with others.

      6. Emotional - release of tension.

      7. Develop leadership skills.

      8. Be a part of the community.

         (Optional activity: "Pie of Life")

   b. Additional Benefits for Individuals With Handicaps:

      1. Acceptance by community - development of self-worth and self-esteem as one is accepted by others.

      2. Social interaction with nonhandicapped peers - development of new relationshsips.

      3. Role models - opportunities to learn appropriate social skills.

      4. Increased independence - individual growth and development.

      4. Increased opportunities - to find activities to meet needs.

   c. Participation in Community Recreational Activities Also Benefits Nonhandicapped Individuals:

      1. Increased acceptance of individual differences - fears and myths can be dispelled.

      2. Development of social interaction skills - contact provides the best opportunity for people to learn how to interact and to feel comfortable with others who may be different.

3. "Kids on the Block" (optional)

4. Guidelines for Selecting Activities:

   a. The learner's preference - speak with parents and the youth. How he/she spends free time, what are favorite activities?

   b. The learner's capabilities - parents may be interested in specific IEP objective; become familiar with child's communication skills, physical abilities, and social skills.

   c. Age-appropriateness - are activities similar to those nonhandicapped peers are engaged in?

   d. Family resources - transportation, finances. Is activity too difficult for family to get to? Will the learner get the chance to practice those skills again?

   e. Family support - are persons available in home or neighborhood to reinforce the development of these skills?

   f. Physical barriers - any architectural barriers? Until barrier is removed, a facility may not be one the person will want to or be able to use.

   g. Other considerations - what toys are available in the home? How close is the nearest park or community center? Does the student interact with other children in the neighborhood?

   h. Activity: refer back to IEP worksheet - ask these questions.

5. Strategies to Consider When Preparing Activities:

   a. Plan ahead, yet remain flexible, receptive to other ideas.

   b. Be realistic - a physically handicapped learner might not be able to run a 50 yard dash on two feet, but might be able to do the same dash on 4 wheels.

   c. Do not be limited - don't allow what you already think you or student can do to limit future activities.

   d. Use independent thought and action - allow the handicapped individual to do, not just be told about something.

   e. Be an enabler - provide assistance only when needed.

   f. Evaluate - write down in your log what you did, what the learner did, and how you feel the activity went overall. Perhaps add suggestions for next time.

   g. Have FUN! Your enthusiasm and enjoyment will have an effect on those around you.

6. Ways of Adapting Activities:

a. Some common obstacles - physical mobility, communication, ability to handle equipment.

b. Adapt by:

1. Modifying the activity or creating materials and equipment to best suit individual needs

2. Modifying environmental conditions to enhance participation.

3. Modifying rules and procedures.

c. The goal of adaption is to increase an individual's ability to participate in an activity as independently as possible.

d. Guidelines to consider when adapting activities:

1. Adapt to increase participation, success and enjoyment.

2. Adapt only when necessary.

3. Adapt, but try to work towards "normal" way of performing activity.

4. Adaptations should be viewed as temporary.

5. Adapt on an individual basis.

e. Examples of how activities can be adapted (activity, obstacle, modifications) overhead?

f. "Adapting the Activity" exercise:

DIRECTIONS: Read the following examples to the group and discuss:

1. What is the obstacle in this case?

2. What type of adaptation needs to be made?

3. How can this activity be adapted?

4. Use "Adapting Activities" worksheet.

* Shirley is a 7 year old girl who has cerebral palsy. She uses a wheelchair and can only make large movements with her arms and hands. Shirley cannot hold a pen or pencil. Shirley wants to play tic-tac-toe with her sister Jane. How can Shirley play?

* John has multiple sclerosis and walks with the aid of two steel braces on his legs. John loves the water and would

like to swim at the YMCA on weekends. John is not able to float. How can John go swimming?

* Mary is a very independent young girl with Down's Syndrome. She can perform all self-care and daily living skills on her own. Mary does not speak clearly and most people do not understand her. For this reason, Mary has not yet signed up for an aerobics class that she really wants to take. Mary will need to take a bus or cab to this class. How can Mary participate on her own?

* Bobby is a 12 year old boy with cerebral palsy. Bobby uses a wheelchair to get around. He operates the controls on this electric chair with his left hand, but cannot use his right hand at all. Bobby loves to play kickball. How can Bobby play on the team?

7. Teaching Techniques:

An individual's experience in a recreational activity may include learning many new activities as well as social skills. It is important for you, as a volunteer, to find out how the child learns best and the most effective ways to teach the activity. Use parents as a resource

a. Reinforcement - everyone needs reinforcement. A reinforcer is something pleasurable that happens in response to an individual's actions.

Two types of reinforcers: VERBAL PRAISE and MATERIAL REWARDS.

b. Activity: "A Million Directions".

Participants will be asked to first listen to a long list of directons and then do what they have been told.

DIRECTIONS:

1. Tell participants that you will only read the directions once, they must wait until you have finished and no questions will be answered.

2. Read directions quickly:

"Stand up, sit down, stand up again, lift your right leg, tap your head three times, turn around, cough, jump up twice, touch your toes, sit down, snap your fingers, stamp your feet, spin and stand up".

"O.K., begin".

3. Watch everyone until they have finished. At the end have a discussion with the group about how this activity could have been made easier for everyone to do. What could the

trainer have done that would have been helpful? Write all the ideas on the board and demonstrate each one.

c. Task Analysis - breaking an activity into small steps in order to teach the steps one at a time. A benefit of this method is that an individual can experience success after each step, rather than waiting to complete the entire activity. It also helps to locate points of difficulty. Once these steps are identified, they can be practiced individually. This will increase the individual's chances of performing the entire activity successfully. It also helps him/her learn more quickly and with less frustration. Finally, it can help you, as a volunter, teach activities moe effectively. (Review Task Analysis Sheet, page 11 of HANDBOOK.)

d. Levels of Assistance. (HANDBOOK page 12.)

1. Verbal reminder.

2. Demonstration or modeling of desired behavior.

3. Physical assistance.

e. By using reinforcement, task analysis, and various levels of assistance, an individual can be taught each step of an activity and will require the skills at his/her own pace.

In summary, when planning activities to participation with your friend, consider "Guidelines for Effective Advocacy Relationships". (Refer back to HANDBOOK - Session 1, page 13.)

TRAINER'S HANDBOOK

SESSION V - COMMUNICATION

COMMUNICATION

Session Overview

Rationale

The success (or failure) of most human interactions is highly dependent upon the clarity with which we communicate. Unclear or incomplete communications can lead to unrealistic expectations, decreased problem solving abilities, unfulfilled needs, frustration, and generally decreased satisfaction with interpersonal relationships. Consequently, communication skills are an important topic to be covered to insure the success of volunteer relationships.

Outcomes

1. The participants will be familiar with the technique of active listening.
2. The participants will be familiar with a process for problem solving.
3. The participants will be familiar with the processes of giving and accepting negative feedback and giving positive feedback.

Activities

1. Review, practice and discuss the technique of active listening. (HANDBOOK page 2.)
2. Review, role play, and discuss a technique for problem solving. (HANDBOOK page 4.)
3. Review, role play, and discuss the processes of accepting (HANDBOOK page 11) and giving (HANDBOOK page 12) negative feedback, and giving positive feedback (HANDBOOK page 13).

1. Active Listening

a. Active listening is a technique used to insure that the listener's IMPRESSION = the speaker's EXPRESSION. Two steps:

FEEDBACK

and

CONFIRMATION/CORRECTION

are used simply to clarify communication without judging or directing the person who is speaking. (HANDBOOK page 2.)

FEEDBACK: Repeating back what you think the speaker has said

CONFIRMATION/CORRECTION: The speaker either confirms or corrects the listener's impression

EXAMPLE:

Susan: I just might as well give up!

Jill: It sounds like you're really frustrated (active listening).

Susan: I'm not really frustrated, I just feel like I'm never going to get everything done (correction). You know, some days it just seems like I can't do anything right. The kids didn't like the lunches that I packed for them, the washing machine turned everything rust-colored, and I still haven't found time to go shopping for a new dress for the party on Saturday.

Jill: It would be nice to have some time for yourself and go shopping, huh? (active listening)

Susan: Yes, it really would (confirmation).

ACTIVITY: Have participants form groups of three (3) with two (2) persons conversing (one practicing active listening) and one person observing. Each person will rotate roles until all have practiced active listening, responded to the one practicing, and observed (approximately 15 minutes).

NOTE: You can use "Opening Statements" as prompts to initiate role play conversation. You can use real situation or make one up.

Come back to a large group. Lead discussion of how it felt in each role of "being actively listened to" and "active listening".

2. Problem Solving

a. Discuss "Cues to Existence of a Problem" (HANDBOOK page 3).

- o Being unusually uncommunicative
- o Sulking
- o Avoiding you
- o Misssing scheduled appointments or meetings
- o Not smiling as much as usual
- o Daydreaming
- o Being late for scheduled appointments or meetings
- o Looking downcast or depressed

b. Review/discuss "Six Steps of Problem Solving" (HANDBOOK page 4).

1. Identify and define the problem.
2. Generate at least three (3) possible solutions.
3. Evaluate all the possible solutions.
4. Choose one.
5. Implement the chosen solution.
6. Evaluate the implemented solution.

c. Review/discuss "Opening Statements" and "Door Openers" (HANDBOOK pages 6-7).

OPENING STATEMENTS

"I'm really upset."

"I should have stayed in bed today."

"I don't care."

"That teacher (school, coordinator) is driving me crazy."

"It doesn't really matter."

"I guess this is just one of those days."

"I just wish people would leave me alone."

"How do they expect me to be involved when I don't know anything about special education (speech, physical therapy, etc.)?"

"Sometimes I just feel like giving up."

"I cannot stand her."

DOOR OPENERS

- "Would you like to talk about it?"
- "Can I be of any help with this problem?"
- "I'd be interested to hear how you feel?"
- "Would it help to talk about it?"
- "Sometimes it helps to talk."
- "I'd sure like to help if I can."
- "Tell me about it."
- "I've got the time if you have. Want to talk?"

Relate "Door Openers" to active listening.

- Non-judgemental
- Inviting speaker to express their feelings
- Speaker must express feelings, situation, etc., in order to identify and define the problem.

d. Review/discuss "Roadblocks" (HANDBOOK pages 7-8).

Questions to facilitate discussion of effects of 12 "Roadblocks".

- o How would you feel if someone responded to you with comments such as this?
- o Do you think you would continue to share your feelings? Why or why not?

ACTIVITY: Have participants form groups of three (3) with two (2) persons conversing and one person observing (a trainer if not enough in group). Either using phrases from the "Opening Statements" or acting extemporaneously, have one person initiate discussion about a problem. The second person in the conversation will respond with one or more examples of the "Roadblocks". Each person will rotate roles until all have had a turn in each role (approximately 15 minutes).

NOTE: You can use "Opening Statements" as prompts to initiate role play conversation. You can use real situation or make one up.

Come back to a large group. Lead discussion of how it felt to be responded to with "Roadblocks" when they were trying to talk about a problem.

e. Review "Steps Toward Problem Solving" (HANDBOOK page 9) and the "Problem Solving Worksheet" (HANDBOOK page 10).

ACTIVITY: Have participants form groups of three (3) with two (2) persons conversing and one person observing. Either using phrases from the "Opening Statements" or acting extemporaneously, have one person initiate a discussion about a problem. The second person in the conversation will respond with one or more examples of the "Door Openers" and active listening. The dyad will also use the "Problem Solving Worksheet" to actually complete the process of solving a problem. Each person will rotate roles until all have had a turn in each role (approximately 15 minutes).

NOTE: You can use "Opening Statements" as prompts to initiate role play conversation. You can use real situation or make one up.

Come back to a large group. Lead discussion of how it felt to be responded to with "Door Openers" as opposed

to "Roadblocks". Additionally, discuss whether or not the group feit the worksheet was helpful.

3. Review Rationale for Being Able to Accept Negative Feedback

   - o Maintenance of relationship
   - o Benefits of being able to accept and use constructive criticism to change behavior

Review "Accepting Negative Feedback" (HANDBOOK page 11).

1. Face the person.
2. Keep eye contact.
3. Keep a neutral facial expression.
4. Keep a normal voice tone.
5. Keep a straight posture.
6. Stay near the person; don't move away.
7. Listen closely to the person so that you will know what he/she is saying. Remember to give head nods and say, "mm-hmm" and "yeah".
8. If you do not understand what the person said, ask for clarification.
9. If you agree with what the person said, apologize and either say that you understand why he/she is upset and/or ask for suggestions.
10. If you don't agree with the negative feedback, say that you understand, then ask permission to tell your side and tell your side, with facts.
11. If the person is an authority figure, accept the negative feedback, even if you don't agree. If the person is not an authority figure, you will have to decide whether to take the criticism. In making this decision, consider the importance of the negative feedback. If you do not accept the criticism, thank the person for his/her concern and say that you will think about it.
12. Remember to stay calm; if you are very upset, count to 10 before you say anything.
13. Do not interrupt when the other person is speaking.

ACTIVITY: Instructor and one volunteer from participants will role play one example of poor acceptance of negative feedback and one correct example of acceptance of negative feedback with the instructor in the role of accepting the negative feedback. The group will be solicited for a situation to be used. If none are given, the instructor will choose a situation.

Next, volunteers from the group will role play at least the same example of correct acceptance of negative feedback, with the group providing feedback on how well the steps were followed.

Briefly discuss the difference between poor and correct acceptance of negative feedback.

4. Review Rationale for Being Able to Give Negative Feedback Constructively

   - o Maintenance of relationships
   - o Greater probability of behavior change

Review "Giving Negative Feedback" (HANDBOOK page 12).

1. Face the person.
2. Keep eye contact.
3. Keep a serious facial expression.
4. Use a serious voice tone.
5. Keep a straight posture.
6. Ask if you could talk to the person for a moment.
7. First say something positive about the person.
8. Tell the person how you feel or what you think he/she did wrong.
9. Give the person a reason for changing.
10. Ask if the person understood what you said.
11. If the person did not understand, explain again.
12. Ask how the person feels.
13. Give the person suggestions for changing.
14. Thank the person for listening to you.

15. Change the topic to something else.

16. Throughout, be sure to tell the person that you are concerned about him/her or you understand how he/she feels.

17. Throughout, do not "put down" the other person.

ACTIVITY: Instructor and one volunteer from participants will role play the same example of giving of negative feedback poorly and one example of giving of negative feedback correctly with the instructor in the role of giving the negative feedback. The group wil be solicited for a situation to be used. If none are given, the instructor will choose a situation.

Next, volunteers from the group will role play at least two examples of giving of negative feedback correctly, with the group providing feedback on how well the steps were followed.

Briefly discuss the difference between giving of negative feedback poorly and correctly.

5. <u>Review Rationale for Being Skilled at Giving Positive Feedback</u>

- o Relationship maintenance/enhancement
- o Increases probability that the behavior you are for which giving positive feedback will occur again

Review "Giving Positive Feedback" (HANDBOOK page 13).

1. Face the person.

2. Keep eye contact.

3. Smile when you are talking.

4. Use an enthusiastic voice.

5. Keep a relaxed posture.

6. Give the person the feedback --- "Thanks for..." or "I like..."

7. Wait for the person to respond.

8. If the person responds positively, you can use that response to lead into a conversation. "What do you think...?" If the person responds negatively, you can briefly restate the compliment or say "thanks" and then change the subject. "Well, anyway, thanks for... Do you want to..."

9. Throughout, make sure that your positive feedback is sincere, not sarcastic or dishonest.

ACTIVITY: Instructor and one volunteer from participants will role play one example of poor giving of positive feedback and one correct example of giving of positive feedback with the instructor in the role of giving positive feedback. The group will be solicited for a situation to be used. If none are given, the instructor will choose a situation.

Next, volunteers from the group will role play at least two examples of giving of positive feedback correctly, with the group providing feedback on how well the steps were followed.

Briefly discuss the difference between poor and correct giving of positive feedback.

TRAINER'S HANDBOOK

SESSION VI - EMERGENCY PROCEDURES

PROGRAM AND EMERGENCY PROCEDURES

Session Overview

Rationale

Medical emergencies are a possibility for all of us, but handicapped individuals are often at a somewhat higher degree of risk than the general population. Some familiarity with emergency procedures is important in the event that such an occasion should arise, but also, to make the volunteer feel more confident on all occasions that he/she shares with his/her friend.

Outcomes

1. Participants will be familiar with the function and format of the Important Information Form.
2. Particpants will be familiar with emergency medical procedures with regard to summoning an ambulance and the management of choking and seizures.
3. Participants will be familiar with the process followed by VFF staff to recruit, train and match volunteers and children and youths with handicaps.
4. Participants will be familiar with tax issues and insurance affecting volunteers.

Activities

1. Lecture/discussion on the VFF process.
2. Lecture/discussion pertaining to the function and format of the Important Information Form.
3. Lecture/discussion on emergency medical procedures as covered in Emergency Handbook/Directory
    a. Ambulance - page 4
    b. Choking - page 9-11 (Modeling/practice of Heimlich maneuver)
    c. Convulsions - page 14-15
4. Modelling/practice of Heimlich maneuver.

5. Lecture/discussion of tax recordkeeping and deductions and insurance for volunteers

6. Evaluate session (HANDBOOK, p.13)

1. VFF Process

   a. Recruitment - as close geographically as possible.

   b. Training - to help volunteer clarify expectations and to prepare for role.

   c. Matching - based upon location, interests, age, sex, preferences. Initiated by meeting with family scheduled and facilitated by Volunteers For Families staff.

   d. Follow-up at least monthly (probably weekly at the beginning, fading to monthly) telephone calls and/or visits by Volunteers For Families staff. Additionally, some areas may have some type of volunteer support group.

2. Important Information Form

   a. Parent viewed as "expert" on their child.

   b. Opportunity for volunteer to learn any and all "specifics" regarding the child they will be seeing from the parents themselves.

   OVERHEAD III 3.1, 3.2, and 3.3 MAY BE USED HERE

3. Emergency Medical Procedures

   a. Summoning an ambulance (refer to page 4 of the Emergency Handbook/Directory).

      1. The phone number from which you are calling.

      2. The address and directions on locating the address.

      3. Description of the person's condition.

      4. Give your name. Let the emergency personnel ask questions and end the conversation.

   b. Choking (refer to page 9-11 of the Emergency Handbook/Directory).

      1. When someone cannot cough or speak, they are choking.

      2. Follow procedure outlined in Emergency Handbook/Directory.

      3. Activity - Demonstration and practive of Heimlich Maneuver.

c. Convulsions (refer to pages 14-15 in Emergency Handbook/Directory).

1. Distinguish between grand mal and petit mal.

2. Discuss seizure control/medication.

3. Discuss seizure management on pages 14-15 in Emergency Handbook/Directory.

4. Tax Deductions, Recordkeeping, and Insurance

a. Certain volunteer expenses are tax deductible.

b. Handout outlines these deductions and provides sample recordkeeping form.

c. Insurance is sometimes a concern for volunteers. VFF stresses the importance of the friendship being treated the same as any other friendship. Everyone should have insurance that covers other people in their cars; health insurance is a personal choice, but again, the volunteer relationship should be treated as any other friendship. There is an insurance service for volunteers.

TAX DEDUCTIONS FOR VOLUNTEERS

A number of tax benefits are available for volunteers under the general charitable contribution deduction of the Internal Revenue Code. The Internal Revenue Service explains this by noting that volunteers can deduct "unreimbursed expeditures made incident to rendition of services to a qualifying organization". Translated, that menas that a volunteer may deduct out-of-pocket expenses incurred while doing volunteer work for certain groups approved by the Internal Revenue Service.

Qualifying organizations include, but are not limited to: units of government; organizations formed for scientific, literary, or educational purposes; charitable groups; organizations for the prevention of cruelty to animals; organizations for national or internal sports competition; and certain veterans groups. The organization must have prior approval as a qualifying organization from the IRS. If in doubt, ask for proof of tax-deductible status.

THE FOLLOWING ARE REPRESENTATIVE TYPES OF EXPENDITURES THAT VOLUNTEERS MAY WISH TO DEDUCT:

- Direct gifts of money to an organization
- Automobile mileage and expenses
- Bus and cab transportation expenses
- Parking and tolls
- Special uniforms
- Telephone bills
- Entertainment and meals given to others
- Costs of meals and lodging, if away overnight
- Tickets to charity benefits, above intrinsic value

THE FOLLOWING MAY NOT BE DEDUCTED:

- Value of volunteer time donated
- Dependent care expenses
- Your own meals (unless away overnight)
- Your own entertainment

Automobile-related expenses may be deducted either at a 9¢ per mile standard rate or an actual expenses basis.

The out-of-pocket requirement eliminates from deduction any amount that is to the direct benefit of the taxpayer (or the taxpayer's family) rather than to the organization. Thus, for example, most meals and entertainment are excluded.

Items for which a volunteer receives reimbursement may be deducted only to the extent that actual expense exceeds amount of compensation.

In general, the following requirements apply to the above deductions:

1. Must be amount actually paid during the taxable year, not just a pledge.
2. Must be made to a qualifying organization.
3. Must be actual out-of-pocket amount: if a banquet ticket is bought, the deduction is the amount in excess of the actual value of the meal.
4. Must be recorded: the volunteer should know the name of the organization to which the contribution is being made; amount and date of each contribution; and method of valuing in-kind gifts.
5. Where possible, especially for large gifts, a statement of donation should be obtained from the donee organization.

For the more common out-of-pocket expenses, such as transportation costs and meals, voluntary organizations can assist recordkeeping by providing forms listing date, amount, and beneficiary of the expenses.

The above deductions can be taken by those who itemize their deductions and those who take the standard deduction. However, for those taking the standard deduction, only 25% of the first $100 in contributions may be deducted from 1982 taxes.

A complete description of federal tax deductions for volunteers can be obtained from your local IRS office. Ask for Publication #526, INCOME TAX DEDUCTION FOR CONTRIBUTIONS.

P.O. Box 4179
Boulder Colorado 80306
(303)447-0492

1112 N. 19th St.
Suite 500
Arlington, VA 22209
(703)276-0542

...before volunteering volunteer and parent should go into a

HUDDLE

1 get these **FACTS** down on paper

WHERE will parents be?
WHEN will they return?
HOW can they be reached?
WHO ELSE could be called in an emergency?
PLUS * Phone numbers of POLICE, FIRE DEPT., DOCTOR

2 take a **TOUR** of the home to find location of--

EXITS
CLOTHES, BEDDING, etc.
FLASH LIGHT
FIRE EXTINGUISHER.
THERMOSTAT
FIRST AID SUPPLIES
ANY SPECIAL HAZARDS

and **3** discuss Important Information Form instructions--

Such as

- SPECIAL CHILD FEARS OR PROBLEMS
- FOOD HABITS
- BEDTIME
- MEDICATION OR SPECIAL CARE
- OPERATION OF APPLIANCES
- PHYSICAL CARE
- COMMUNICATION
- LEISURE TIME

WARNING! NEVER GIVE ANY MEDICATION EXCEPT ON SPECIFIC ORDERS OF PARENT

VOLUNTEERS FOR FAMILIES

IMPORTANT INFORMATION FORM

Directions to Parents:

Please complete the Emergency Numbers, Emergency Care Permission, Recreation and Education, and Communication sections below along with any of the other sections which you think apply to your son/daughter. If there is any information which you not want to have on paper but wish to convey to the volunteer, feel free to inform her/him verbally.

Your son/daughter's name _____

EMERGENCY NUMBERS

Telephone Numbers for:

Home _____ Nearest neighbor/relative _____

Ambulance _____ Police _____ Doctor _____

Hospital Emergency Facility _____

Insurance Numbers:

Social Security Insurance _____

Medicaid _____

Other Insurance _____

EMERGENCY CARE PERMISSION

I, the parent or guardian of _____
(name of learner)

give permission to _____
(name of volunteer)

to take my child to _____
(doctor)

_____ given an emergency situation.
(hospital)

_____
(Signature of parent or guardian)

_____
(Date)

MEDICAL INFORMATION

1. The Family Service Volunteer needs to know the following medical information:

2. Optional Additional information:
   a. If your child has a history of seizures:
      My son/daughter shows the following signs of seizure onset
      These procedures should be followed if a seizure occurs
   b. This medication is given to my son/daughter regularly (kind, time taken, dosage, etc.):
   c. The following recurring illnesses should be watched for:
   d. Restrictions on amount or type of physical activity include:
   e. Allergies to food or drugs, etc. include:
   f. Hearing or visual impairment include:

FINDING VOLUNTEERS

List the names,addresses, contact person and telephone number of the following groups in your community. You may find this information by looking in your phone book under the specific headings listed below or under SOCIAL SERVICE ORGANIZATIONS. Another good way to get information about groups or individuals who may be interested in doing volunteer work is to ask people in your community if they know anyone who you might contact.

Once you have identified the organizations in your community, you should contact each one.

A. EXPLAIN WHAT THE VOLUNTEERS FOR FAMILIES PROGRAM IS.
B. ASK IF THE ORGANIZATION KNOWS OF ANYONE WHO MAY BE INTERESTED IN DOING VOLUNTEER WORK.
C. GET NAMES ADDRESSES AND PHONE NUMBERS OF INTERESTED INDIVIDUALS.
D. ARRANGE TO MEET WITH THE MEMBERS OF THE ORGANIZATION TO FURTHER EXPLAIN THE PROGRAM AND RECRUIT INDIVIDUALS TO PARTICIPATE.

POTENTIAL SOURCES OF VOLUNTEERS

NEIGHBORHOOD YOUTH ORGANIZATIONS:

Name:_____
Address:_____
_____
Contact Person:_____
Phone:_____
Comments:_____
_____

Name:_____
Address:_____
_____
Contact Person:_____
Person:_____
Comments:_____
_____

Name:_____
Address:_____
_____
Contact Person:_____
Phone:_____
Comments:_____
_____

Name:_____
Address:_____
_____
Contact Person:_____
Phone:_____
Comments:_____
_____

RELIGIOUS ORGANIZATIONS:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Person: _____
Comments: _____
_____

SENIOR CITIZEN ORGANIZATIONS:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

YMCA OR YWCA:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

LOCAL HIGH SCHOOL:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

PARENT-TEACHER ORGANIZATIONS

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

EMPLOYMENT SERVICES

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

SOCIAL ORGANIZATIONS

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

SERVICE CLUBS

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

FRIENDS, NEIGHBORS, RELATIVES:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

OTHERS:

Name: _____
Address: _____
_____
Contact Person: _____
Phone: _____
Comments: _____
_____

Name: _____
Address: _____
_____
Contact Person: _____
Person: _____
Comments: _____
_____

APPENDIX E

VOLUNTEER APPLICATION FORM
SELECTION DECISION INTERVIEW GUIDE
REFERENCE CHECK FORM

VOLUNTEERS FOR FAMILIES
VOLUNTEER APPLICATION FORM

1. NAME: _____

2. ADDRESS: _____

_____

3. AGE: _____ D.O.B.: _____

4. TELEPHONE NUMBER: (H) _____ (W) _____

5. WHAT ARE YOUR REASONS FOR VOLUNTEERING? _____

_____

_____

_____

6. WHAT EXPECTATIONS DO YOU HAVE OF THE PROGRAM? _____

_____

_____

7. WHAT EXPERIENCE HAVE YOU HAD AS A VOLUNTEER? _____

_____

_____

8. HAVE YOU HAD ANY EXPERIENCES THAT YOU THINK WILL HELP YOU AS A VOLUNTEER (i.e., coursework, friend, family member, etc.)?
Y ____ N ____

PLEASE DESCRIBE. _____

_____

_____

9. WHAT ARE YOUR INTERESTS AND HOBBIES? _____

_____

_____

10. HOW MUCH TIME CAN YOU COMMIT AS A VOLUNTEER (i.e., how often, how many hours per month or week)?

_____

_____

11. WHEN CAN YOU BEGIN VOLUNTEERING? _____

_____

12. YOU WILL BE REQUIRED TO ATTEND A SERIES OF TRAINING SESSIONS. WHEN WOULD BE THE BEST DAYS AND TIMES FOR THE TRAINING SESSIONS?

Days of the Week	Time of the Day
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. IF YOU HAVE A DRIVER'S LICENSE, WOULD YOU BE INTERESTED IN DRIVING YOUR FRIEND WITH SPECIAL NEEDS TO AND FROM RECREATIONAL AND COMMUNITY SITES? Y ____ N ____

IF YES, WHAT IS YOUR INSURANCE COMPANY'S NAME AND YOUR POLICY NUMBER?

_____

14. REFERENCES:

Name	Address	Phone #
_____		
_____		
_____		

VOLUNTEERS FOR FAMILIES

Selection Decision Interview Guide

Volunteer Name: _____ Interviewers: _____

_____

Rating: 1 = inadequate 2 = adequate 3 = very good

1 2 3 1. Why do you want to volunteer? _____

_____

_____

1 2 3 2. Why did you choose this volunteer program? _____

_____

_____

1 2 3 3. What do you know about this program? _____

_____

_____

1 2 3 4. What experiences, if any, have you had with handi-capped individuals?

_____

_____

1 2 3 5. What age group do you enjoy working with? _____

1 2 3 6. What experiences have you had in working with children? _____

_____

_____

1 2 3 7. What experiences have you had in working with adults? _____

_____

_____

1 2 3 8. Have you had volunteer experience previously? Yes No If so please describe your experiences.

_____

_____

_____

1 2 3 9. What do you enjoy or think you will enjoy most about volunteering?

_____

_____

_____

1 2 3 10. What do you enjoy or think you will enjoy least about volunteering?

_____

_____

_____

1 2 3 11. Are there any specific areas of volunteer work that you think you are unable to do? _____

_____

_____

1 2 3 12. Is there anything in particular that you want to learn while volunteering?

_____

_____

1 2 3 13. What is it that attracts you to getting training in the area of volunter education? _____

_____

_____

1 2 3 14. What do you hope to learn or gain from the training? _____

_____

_____

1 2 3 15. To what extent can you commit yourself at this time? _____

_____

_____

1 2 3 16. Do you have any questions you would like to ask? _____

_____

_____

_____

1 2 3 17. Tell applicant that you will be calling references. Do you want to add any references to your original list?

_____

_____

_____

_____

AVERAGE SCORE: _____

1.0 reject 2.0 or better accept 1.0+ *special consideration

results: _____

If rejected, date notified: _____

* special consideration: follow through on reference checks to get further information

REFERENCE CHECK

The Volunteers For Families program is designed to recruit and train community volunteers to assist families of children and youth who have severe handicaps to socially integrate their children into the community through recreational and leisure activities.

Name of Reference: _____

_____ has shown an interest in becoming involved with the Volunteers For Families program _____

_____
(in what capacity)

and has listed you as one of his/her references. Would you be willing to answer a few questions about _____?

We would like to thank you in advance for assisting us.

1. In what capacity do you know _____(working, recreation)? Please comment:

_____

2. How do you feel _____ would be working with community members/organizations?

_____

3. Do you feel _____ would make a sincere commitment to the training and the utilization of it as a volunteer working for persons who have handicaps?

_____

4. Is _____ punctual? Does he/she keep commitments and appointments which were made?

_____

5. Is there any other information you could give us that would assist us in our decision making? Please comment below:

APPENDIX F

VOLUNTEERS FOR FAMILIES VIGNETTES

A quiet 15 year old teenager with moderate mental retardation was referred to Volunteers For Families (VFF) by his mother. She was looking for someone with whom he could develop a friendship, as his social contacts were extremely limited. Charles had not seen his father in many years, and therefore, his mother expressed an interest in having VFF recruit a male with whom he could be matched. VFF was fortunate in recruiting a man who lived in the same town. Once we brought them together we discovered that they had many of the same interests. So far, they have gone to the volunteer's house to get to know his family (his wife and three children), they have gone bowling, to play pool, and to the movies. The volunteer has also spent time with Charles and his mother at their apartment and discovered that they both grew up in the same neighborhood. Charles has recently taken the initiative to call the volunteer. The volunteer has included his children, one of whom is a 10 year old boy with Down's Syndrome, in some of the activities.

A 14 year old girl with multi-handicaps was referred to Volunteers For Families (VFF) by her foster mother. She had been living with her foster family for four years after having spent the previous 8 years at Brandon Training School. The family was very supportive of Karen and encouraged her participation in community activities. VFF had made several contacts with churches in the town and discovered a youth group comprised of four girls Karen's age. They met weekly for various recreational activities and to provide community services to needy residents of the town. Karen became a member of the group, as did her foster sister, and has been participating in the activities since.

Maria is a 9 year old who has been labelled multi-handicapped. She is ambulatory, though she has some mobility difficulties. Maria is noverbal but uses gestures to get her needs met. She enjoys being outside, swimming, looking at magazines and being with other people in general.

Maria's friend Pat is a student at a state college where she is interested in therapeutic recreation and special education. She enjoys outdoor activities such as skiing, skating, softball and swimming.

Maria and Pat have known each other only about 8 months. However, during that brief time they have shared their love of the outdoors by going sledding and horseback riding. Their mutual appreciation for enjoying life has given them the opportunity to share other experiences such as going swimming, going out to eat, and many other activites which provide involvement in the community.

Robert is a 17 year old teenager who has been labelled autistic. He enjoys rollerskating, cross-country skiing, playing video games, keeping on top of the most current popular musical artists, and in general, being on the go.

Mark is a 26 year old commercial loan officer in one of the larger banks in the state. He lives with his wife and their one year old son. Mark enjoys various activities such as skiing, going out to eat, and attending plays and concerts.

Robert and Mark have been friends for almost 2 years. During that time, with Robert's patience, Mark has become a fairly competent rollerskater and Robert has gained an appreciation for musical plays and concerts. Mark and Robert have also enjoyed watching the sun set over the lake, getting to know one another's families, and have become lasting friends.